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LANCASHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

FORTY-EIGHTH

ANNUAL REPORT

OF THE

Principal School Medical Officer

FOR THE

YEAR ENDED 31st DECEMBER, 1956.

PRESTON:

PRINTED BY T. SNAPE & Co., LTD., BOLTON'S COURT.
1957.



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SCHOOL HEALTH SUB-COMMITTEE (1956).

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Rev. Mrs. K. M. Hendry
Mrs. O. A. Williams, M.A.

CHIEF EDUCATION OFFICER—

Sir Arthur Binns, C.B.E., M.C., M.A., B.Sc.

MEDICAL STAFF.

(JOINTLY WITH HEALTH AND WELFARE SERVICES.)

County Medical Officer of Health and Principal School Medical Officer.

S. C. Gawne, M.D., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H., Barrister-at-Law.

Deputy County Medical Officer of Health and Deputy Principal School Medical Officer.

T. P. Sewell, T.D., M.D., Ch.B., D.P.H.

Chief Assistant County Medical Officers.

R. W. Eldridge, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.P.A.

T. S. Jones, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Irene E. Howorth, B.Sc., M.B., Ch.B., D.R.C.O.G., D.C.H., D.P.H.

Principal School Dental Officer.

L. B. Corner, L.D.S., R.C.S. (Edin.).

Superintendent School Nurse and Health Visitor.

Miss P. C. L. Gould.

Assistant Superintendent School Nurses and Health Visitors.

Miss M. Edwards.

Miss T. F. Melsher.

Miss K. Perryer.

Miss C. E. Sherman.

Senior Administrative Assistant, School Health Department.

C. M. Appleby. (Retired 9/5/56.)

R. Bamford. (From 10/5/56).

Divisional School Medical Officers.

F. W. Bunting, M.B.E., M.D., Ch.B., D.P.H.

A. C. Crawford, T.D., M.B., Ch.B., D.P.H., D.T.M.

W. J. Elwood, M.B., B.Ch., B.A.O., D.P.H. (Appointed 1/1/56.)

R. W. Farquhar, B.Sc., M.B., Ch.B., D.P.H.

G. Fyfe, M.B., Ch.B., D.P.H.

J. G. Hailwood, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

T. P. O'Grady, M.B., B.Ch., B.A.O., D.P.H.

G. H. Potter, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

R. E. Robinson, M.A., M.R.C.S., L.R.C.P., D.P.H.

W. Sharpe, B.Sc., M.B., Ch.B., D.P.H.

A. S. Simpson, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

A. V. Stocks, M.A., M.B., B.Ch., D.P.H. (Retired 5/1/56.)

E. Taylor, M.B., Ch.B., D.P.H.

C. H. T. Wade, B.Sc., M.D., Ch.B., D.P.H.

J. Walker, M.B., Ch.B., D.P.H., L.D.S., D.P.D.

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J. L. Wild, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

C. R. Wilson, M.B., Ch.B., D.P.H. (From 10/1/56.)

School Medical Officers.

- *Barbara Allen, M.B., B.Ch., B.A.O., D.R.C.O.G., D.C.H. (Appointed 6/11/56.)
Hazel I. Ashford, M.B., Ch.B., D.P.H.
- *Constance Atkinson, M.B., Ch.B., D.P.H.
Beryl A. Barlow, M.B., Ch.B., D.P.H.
Evelyn F. Bebbington, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. (Retired 16/6/56.)
Helen G. M. Bennett, M.B., Ch.B., D.P.H.
Edna L. Birchwood, M.B., Ch.B., D.P.H.
Doris J. Black, B.A., M.B., B.Ch., B.A.O.
- *Pauline Blockey, M.B., Ch.B. (Appointed 13/9/56.)
A. D. Bostock, M.B., Ch.B. (Appointed 17/9/56.)
B. Bowman, M.B., Ch.B.
G. R. Brackenridge, M.B., Ch.B. (Appointed 15/10/56.)
J. Brooks, M.R.C.S., L.R.C.P., D.P.H. (Retired 8/5/56.)
J. R. Brown, M.B., Ch.B., M.R.C.S., L.R.C.P.
C. Burns, M.B., Ch.B., D.C.H.
H. P. Burrowes, M.B., B.S., D.P.H. (Appointed 22/6/56.)
- *Elizabeth Calderwood-Smith, M.A., M.B., Ch.B., D.P.H.
P. V. Cant, M.B., Ch.B., D.P.H. (Resigned 31/8/56.)
W. F. Christian, M.B., Ch.B., D.P.H. (Resigned 31/5/56.)
- *Anaple F. M. Christie, M.B., B.S., M.R.C.S., L.R.C.P. (Resigned 19/3/56.)
- *Marguerite E. Cliff, M.D., Ch.B., D.P.H.
Julia M. D. Corrigan, M.B., B.Ch., B.A.O., D.P.H. (Resigned 3/6/56.)
Sheila P. Dain, M.B., Ch.B. (Appointed 17/4/56.)
S. B. Darbyshire, B.A., M.B., B.Ch., L.R.C.P., M.R.C.S. (Resigned 30/9/56.)
Marjorie T. Dare, M.B., Ch.B.
- *R. S. Davidson, M.R.C.S., L.R.C.P., D.P.H.
E. Desmond, M.B., B.Ch., B.A.O., D.P.H. (Appointed 14/5/56.)
Jeannette Diamond, M.B., Ch.B., D.R.C.O.G., D.P.H. (Appointed 10/1/56.)
J. N. Dobson, M.B., Ch.B., D.P.H. (Resigned 31/10/56.)
D. J. Doherty, M.B., Ch.B., D.P.H.
J. K. Doherty, L.R.C.P.&S., L.M., D.P.H. (Appointed 17/12/56.)
M. J. Doyle, B.A., M.B., B.Ch., B.A.O., C.P.H. (Resigned 16/2/56.)
Jean F. Dunn, M.B., Ch.B.
- *Beryl Edgecombe, M.B., Ch.B., D.P.H.
Jean M. Edwards, M.A., M.B., Ch.B., D.P.H. (Appointed 18/7/56.)
T. M. Edward, M.B., Ch.B. (Deceased 18/8/56.)
Mary M. Essex-Lopresti, M.B., B.S., M.R.C.S., L.R.C.P., M.R.C.O.G.
Mary Evans, M.B., Ch.B., D.P.H.
O. L. Evans, M.B., Ch.B., D.P.H.
Margaret A. Feeny, M.B., B.Ch., B.A.O., D.P.H.
Maud M. Frankland, M.R.C.S., L.R.C.P., D.R.C.O.G.
I. A. Fraser, M.B., Ch.B., D.P.H.
Isobel M. Fyfe, M.B., Ch.B., D.P.H. (Resigned 31/3/56.)
D. H. Gawith, M.R.C.S., L.R.C.P., D.P.H.
Patricia F. M. B. Gould, M.B., Ch.B., D.P.H.
Mary P. Haran, M.B., B.Ch., B.A.O., D.P.H. (Appointed 10/10/56.)
H. Hardman, B.A., M.B., B.Ch., B.A.O., L.A.H. (Appointed 3/6/56. Resigned 31/10/56.)
Joan K. Hardy, M.B., Ch.B.
G. G. W. Hay, M.B., Ch.B. (Retired 30/6/56.)
Bessie Howarth, M.B., Ch.B.
Lilian W. Hughes, M.B., Ch.B.
Dorothy M. James, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., T.D.D.
- *Ann L. Johnson, M.B., Ch.B. (Appointed 20/2/56.)
R. E. Jones, M.B., Ch.B.
H. Kempsey, M.B., Ch.B.
Barbara M. Knight, M.B., Ch.B., D.P.H.
Hilda M. Levis, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
- *W. F. Lyle, B.Sc., M.D., B.Ch., B.A.O., D.P.H.
Mary M. Markham, M.B., Ch.B., D.T.M., D.P.H. (Appointed 3/12/56.)
J. F. McGovern, M.B., B.Ch., B.A.O., M.Ch., D.P.H.
Sheila L. McKinley, M.B., Ch.B. D.C.H.

- H. R. W. Miller, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H. (Appointed 1/8/56.)
 Susan H. Montgomery, M.B., Ch.B.
 Evangeline T. Morahan-Smidly, M.B., B.Ch., B.A.O. (Appointed 1/6/56.)
 *Margaret E. Munro, M.B., Ch.B., D.P.H. (Appointed 27/11/56.)
 L. G. Nicol, M.R.C.S., L.R.C.P., D.P.M., D.P.H. (Appointed 1/9/56.)
 W. A. Pollitt, M.R.C.S., L.R.C.P., D.P.H.
 Norna Pringle, M.B., Ch.B., D.P.H.
 Roberta T. Rankin, M.B., Ch.B., D.P.H.
 Eileen Reddy, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.
 *Elspeth M. Richardson, M.B., Ch.B. (Appointed 24/10/56.)
 H. G. Robinson, M.B., Ch.B., D.P.H. (Appointed 1/10/56.)
 *Jean Robson, M.B., Ch.B., D.C.H.
 *C. Royle, M.B., Ch.B., D.C.H.
 P. M. Sammon, M.B., Ch.B., D.P.H.
 H. G. Seed, M.B., Ch.B.
 F. Simm, M.R.C.S., L.R.C.P.
 Amy M. Smyth, L.R.C.P., L.R.C.S.
 Morfudd, E. Thomas, B.Sc., M.B., B.Ch. (Appointed 3/1/56.)
 Olive M. Thomas, M.B., Ch.B., D.P.H.
 D. H. Vaughan, M.B., Ch.B.
 Barbara J. Walker, M.B., Ch.B., D.C.H. (Appointed 29/10/56.)
 *A. E. Wall, M.B., Ch.B., D.P.H.
 W. C. Ward, M.B., B.Ch., B.A.O., D.P.H.
 Sheila M. Wheeler, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.R.C.O.G., D.P.H.
 *Cecilia F. G. Wild, M.B., Ch.B.
 J. D. Willins, M.B., Ch.B.
 C. R. Wilson, M.B., Ch.B., D.P.H. (Until 9/1/56.)

*Part-time.

School Dental Officers.

(Whole-time).

- R. Ackers, L.D.S.
 H. J. Appleyard, L.R.C.P.S., L.R.F.P.S., L.D.S.
 T. N. Ashall, L.D.S.
 T. A. M. Ashman, L.D.S.
 H. S. Ashworth, L.D.S. (From 1/8/56.)
 Joan M. Bullough, L.D.S.
 A. E. Butler, L.D.S. (From 1/4/56.)
 Margaret E. Caldwell, L.D.S.
 G. H. Craine, B.D.S. (Resigned 31/8/56.)
 E. Crosbie, L.D.S.
 J. A. Daly, L.D.S. (Appointed 8/2/56.)
 F. J. W. Dewhurst, L.D.S.
 G. Entwisle, L.D.S.
 A. P. Finlay, L.D.S. (Resigned 31/1/56.)
 L. B. Hall, L.D.S. (Appointed 1/4/56.)
 C. V. Heap, L.D.S. (Appointed 1/4/56.)
 J. S. Higham, B.D.S.
 J. F. Higson, B.D.S.
 R. E. Hodgson, B.D.S.
 L. A. Jones, L.D.S.
 W. A. Linnell, L.D.S.
 T. G. Lloyd, L.D.S. (Retired 30/6/56.)
 T. S. Longworth, L.D.S. (Appointed 4/6/56.)
 R. Marshall, B.D.S.
 Kathleen R. Maxfield, L.D.S. (Resigned 31/12/56.)
 J. Ogden, B.D.S.
 Kathleen Platt, L.D.S. (Appointed 1/1/56.)
 A. W. Poole, L.D.S.
 Constance Pugh, L.D.S.
 B. H. Reid, L.D.S.
 G. C. Royley, L.D.S.

Mary B. Scott, L.D.S.
 A. E. Shaw, B.D.S.
 H. O. Silcock, L.D.S.
 I. D. J. Smith, L.D.S.
 L. E. Stirzaker, L.D.S.
 H. V. O. Trenbath, L.D.S.
 A. C. Walker, L.D.S.
 C. R. Wheeler, L.D.S.
 T. H. Wignall, L.D.S.
 Bertha D. Worswick, B.D.S.

(Part-time).

C. Allmark, L.D.S.
 H. S. Ashworth, L.D.S. (Until 31/7/56.)
 J. Barcroft, L.D.S.
 J. Bell, L.D.S.
 A. E. Butler, L.D.S. (Until 31/3/56.)
 P. F. Cunningham, L.D.S.
 A. M. Flett, L.D.S.
 R. Hawksworth, L.D.S.
 J. Heyes, L.D.S. (Appointed 5/11/56.)
 K. Heys, L.D.S. (Resigned 7/7/56.)
 A. Hodgkinson, L.D.S.
 A. L. Hutton, B.D.S.
 Beryl Levy, L.D.S.
 L. Mason, L.D.S.
 H. Read, L.D.S. (Resigned 23/3/56.)
 Maggie Robinson, L.D.S.
 P. D. Robinson, L.D.S.
 L. Rubinstein, L.D.S. (Appointed 5/11/56.)
 J. W. Sidebottom, L.D.S.
 J. Smith, L.D.S.
 G. K. Taylor, L.D.S.
 J. N. Thompson, L.D.S. (Appointed 10/7/56.)
 A. D. Torry, L.D.S.
 B. de V. Walker, B.D.S. (Resigned 21/12/56.)
 T. B. Watson, L.D.S. (Resigned 31/5/56.)
 T. K. Whitaker, L.D.S.
 W. A. Wolfendale, L.D.S. (Deceased 12/7/56.)
 W. Wright, L.D.S. (Resigned 31/3/56.)

Orthodontists.

(Part-time).

L. C. E. Hodgkins, L.D.S.	H. Pogrel, L.D.S., D.Orth. R.C.S.
J. R. E. Mills, M.Sc., L.D.S., F.D.S.	F. D. Rowe, L.D.S.

Dental Anaesthetists.

(Part-time).

Olive M. Capper-Johnson, M.A., M.B., B.Ch., M.R.C.P.
 J. B. Davies, L.D.S.
 L. K. Gray, L.D.S.
 E. C. Heap, M.R.C.S., L.R.C.P.
 J. S. Johnston, M.B., B.Ch., B.A.O.
 N. Levy, M.B., Ch.B., D.P.H.
 R. Mallinson, M.B., Ch.B.
 W. D. Oliver, M.B., Ch.B.
 J. F. O'Grady, D.L., T.D., M.B., Ch.B., L.A.H.
 R. Peck, L.R.C.P., L.A.H.
 E. Scott, M.R.C.S., L.R.C.P.
 M. W. Sellars, M.B., B.Ch., B.A.O.
 J. Tierney, L.R.C.P. & S.
 F. W. Williams, B.D.S.

Ophthalmic Surgeons.
(*Part-time*).

E. Allen, M.B., Ch.B.
H. B. Barker, M.B., B.S., M.R.C.S., L.R.C.P.
J. Berkson, M.B., Ch.B., D.O.M.S., D.A.
T. S. Blacklidge, M.D., B.S., M.R.C.S., L.R.C.P., D.O.M.S.
B. Boas, M.D.
Pheobina Brittain, B.A., M.B., B.Ch., B.A.O.
J. M. Brodrick, M.R.C.S. L.R.C.P.
T. Chadderton, M.R.C.S., L.R.C.P., D.O.M.S.
L. B. Hardman, L.R.C.P., L.R.C.S., L.R.F.P.S., D.O.M.S.
H. C. Kodilinye, M.B., Ch.B., D.O.M.S., D.O.
Monica Low, M.R.C.S., L.R.C.P., D.O.M.S.
N. MacInnes, M.A., M.B., Ch.B.
J. Matthews, M.R.C.S., L.R.C.P., D.P.H.
E. J. Mitchell, M.B., Ch.B.
J. M. Morrison, M.B., Ch.B.
D. Plum, M.R.C.S., L.R.C.P., D.T.M., D.O.M.S.
Rhona A. Reid, M.A., M.B., Ch.B., D.O.
G. A. Renwick, Ch.M., M.B.
R. S. Ritson, M.A., M.B., Ch.B.
T. E. Shannon, M.B., B.Ch., B.A.O., D.O.M.S.
Dorothy Simmon, M.B., Ch.B.
H. B. Smith, M.Ch., M.B., B.Ch., B.A.O., D.O.M.S.
W. Sykes, L.R.C.P., L.R.C.S., L.R.F.P.S.
H. V. White, M.C., M.D., Ch.B.

Aural Surgeons.
(*Part-time*).

A. F. Brown, M.B., Ch.B., F.R.F.P.S., F.R.C.S. (Edin.).
J. Evans, M.A., M.D., B.Ch., M.R.C.S., L.R.C.P., F.R.C.S. (Edin.).
M. J. Maxwell, M.B., Ch.B., F.R.C.S. (Edin.).
R. H. Smith, M.R.C.S., L.R.C.P., F.R.C.S. (Edin.), D.L.O.
A. J. Stout, M.B., Ch.B., F.R.C.S. (Edin.).
R. V. Tracy-Forster, M.B., Ch.B., D.L.O.
J. M. Wishart, M.B., Ch.B., F.R.C.S. (Edin.).

Orthopaedic Surgeons.
(*Part-time*).

R. W. Agnew, M.B., Ch.B., F.R.C.S., M.Ch. (Orth.).
H. G. A. Almond, M.B., Ch.B., M.R.C.S., L.R.C.P., F.R.C.S., M.Ch. (Orth.).
T. G. Barlow, B.Sc., M.B., Ch.B., F.R.C.S.
Jean T. W. Bucknell, M.B., Ch.B.
A. P. Gracie, M.B., Ch.B., F.R.C.S.
Marguerite F. Johnstone, M.B., Ch.B.
I. D. Kitchin, M.B., Ch.B., F.R.C.S. (Edin.).
E. Knowles, M.B., Ch.B., M.R.C.S., L.R.C.P., F.R.C.S. (Edin.), M.Ch. (Orth.).
W. Lamont, M.B., Ch.B., F.R.C.S., M.Ch. (Orth.).
S. M. Milner, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., F.R.C.S.
J. A. O'Garra, M.B., Ch.B., F.R.C.S.
G. V. Osborne, M.B., Ch.B., F.R.C.S. (Edin.), M.Ch. (Orth.).
H. C. Palin, M.B., B.Ch.
A. Ronald, M.D., Ch.B., F.R.C.S.
E. Strach, M.D., F.R.C.S.
J. K. Wright, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., F.R.C.S.

Cardiologist.
(*Part-time*).

A. L. McAdam, M.D., Ch.B.

Psychiatrists.*(Part-time).*

Maria Dale, M.D.

Wilhelmina L. Devlin, M.B., Ch.B., D.P.M., D.P.H.

E. Gostynski, M.D., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.M. (Resigned 31/12/56.)

Speech Therapists.*(Whole-time).*

Miss M. Beedham. (Resigned 18/8/56.)

Miss B. M. Cowan. (Appointed 10/9/56.)

Mrs. T. Davies.

Miss G. Eleen. (Appointed 1/9/56.)

Miss M. Ireland.

Miss J. Matthews.

Miss P. A. Morton.

Miss A. E. M. Paull.

Miss D. M. Purssord. (Resigned 31/3/56.)

Miss V. M. R. Shiell.

Miss P. M. Snape. (Appointed 19/1/56.)

(Part-time).

Mrs. C. J. Capes. (Appointed 3/9/56.)

Mrs. K. M. Stratford.

Orthoptists.*(Whole-time).*

Miss P. T. Dalby

(Part-time).

Miss J. Allanson.

Miss S. M. Garside. (Resigned 18/8/56.)

Miss E. Gordon. (Appointed 15/10/56.)

Miss P. Pointon. (Appointed 25/9/56.)

Miss S. Sutcliffe.

Itinerant Teachers of the Deaf.

J. J. Finigan.

Miss H. G. Johnson, B.A.

E. R. Wall.

Educational Psychologists.

Mrs. M. Eysymont, M.A.

P. C. Love, M.A., Ed.B., A.B.Ps.S.

T. Simm, B.Sc.

Psychiatric Social Workers.

Mrs. W. H. Cottrill.

Miss M. Pugh.

C. L. Sanctuary.

Physiotherapists.*(Whole-time).*

Miss S. Brown.

Miss D. R. Duncan.

Mrs. M. Garrett.

Miss B. Huxtable.

Miss M. Johnson.

Miss E. M. Smith.

(Part-time).

Mrs. M. Horrocks.

Mrs. H. Jordan.

Miss E. G. Lee

Mrs. D. I. Lyons. (Appointed 24/4/56.)

Mrs. P. Rothwell.

Mrs. E. Wade.

Chiropodists.*(Part-time).*

Mrs. M. Barnes. (Appointed 27/2/56.)

N. J. Bell.

J. C. Dagnall. (Appointed 17/2/56.)

J. W. Davidson. (Appointed 7/2/56.)

Miss R. Duggan. (Resigned 25/1/56.)

Mrs. E. Hargraves.

P. S. Hargreaves.

E. I. Hunt.

Mrs. C. V. Newton. (Appointed 1/2/56.)

R. J. Smith. (Appointed 14/2/56.)

Mrs. C. Walsh. (Appointed 9/2/56.)

School Nurses and Health Visitors.

Mrs. C. M. Allen.	Miss J. G. Edis.
Miss M. Alletson.	Miss C. M. Edwards.
Miss J. Andrew.	Miss M. E. Ellerington. (Retired 12/6/56.)
Miss G. H. E. Archer. (Appointed 11/6/56.)	Mrs. M. Eneveldsen.
Miss K. Armstrong.	Miss M. English. (Appointed 12/11/56.)
Mrs. A. Ashley.	Miss E. B. Ferguson.
Miss M. L. Ashley.	Mrs. I. Ferguson.
Mrs. M. Ashton.	Miss A. W. M. Fido.
Mrs. M. M. Ashworth.	Miss M. A. Fisher.
Miss I. Asquith.	Miss M. O. Foden.
Miss M. Bain.	Miss A. G. Forshaw. (Resigned 30/11/56.)
Mrs. A. Bamber.	Miss F. G. Fothergill.
Miss M. Barker.	Miss C. E. Fox.
Miss O. Barrett.	Miss E. Gammage. (Resigned 26/12/56.)
Miss E. W. Bates	Miss M. E. Gardner. (Appointed 16/7/56.)
Miss H. Bateson.	Mrs. E. Garvey. (Appointed 27/6/56.)
Mrs. A. Beaumont.	Miss L. W. Gilbert.
Miss N. Bennett.	Miss M. Gill.
Miss E. Bibby.	Miss F. M. J. Gillen.
Miss A. Biggs. (Resigned 30/4/56.)	Miss T. Gorton.
Miss H. M. E. Black.	Miss M. Gowen.
Miss M. M. Blackburn.	Miss I. Graham.
Miss M. Blockey. (Resigned 11/2/56.)	Mrs. M. L. Grant-Townsend.
Mrs. E. Bodley.	(Appointed 11/6/56.)
Mrs. J. M. Botes.	Miss G. E. Gray.
Miss L. Brandwood.	Mrs. B. C. Green.
Miss B. Briggs.	Miss E. J. Green. (Appointed 4/6/56.)
Miss L. Broadbent. (Resigned 22/5/56.)	Miss M. Green. (Appointed 14/5/56.)
Mrs. A. Brooks.	Miss C. Greenhalgh.
Miss A. M. Brunt.	Miss H. J. Grieve.
Mrs. E. Burrows.	Mrs. E. I. Griffiths.
Miss M. Bush.	Miss D. Guest. (Appointed 2/7/56.)
Miss M. Butler.	Miss E. Gulley.
Miss M. Butterfield. (Resigned 6/10/56.)	Mrs. E. A. Haarhaus. (Resigned 31/12/56.)
Miss G. J. Butterworth.	Miss E. Hall.
Miss M. M. Byrne.	Miss M. B. Hall.
Miss N. Cannell. (Resigned 31/7/56.)	Mrs. M. Hampson.
Mrs. E. E. Carnall.	Mrs. M. C. V. Hanafiah. (Resigned 29/2/56.)
Miss W. Chamberlain.	Mrs. M. Hanslip.
Miss V. S. Chamberlin.	Miss E. M. Hanson.
Mrs. D. Chapman.	Miss H. Hargreaves.
Miss F. Charles.	Mrs. L. Harker. (Appointed 3/1/56.—
Mrs. E. W. Christian.	Resigned 30/6/56.)
Miss D. A. Clarke. (Appointed 1/5/56.)	Miss E. M. Harrison. (Retired 1/11/56.)
Miss E. M. Clarkson. (Resigned 27/2/56.)	Mrs. H. Harrison. (Resigned 31/10/56.)
Miss M. Cleary.	Miss S. M. Hart.
Miss A. Close.	Miss J. E. Hawkins.
Miss M. Conroy	Miss I. Haworth.
Miss J. Cottier.	Miss I. Heap.
Mrs. E. A. K. Crippen.	Miss W. Henry.
Miss D. C. Crook.	Miss D. M. Hexter.
Miss J. M. Crossfield.	Miss D. Higham.
Mrs. N. Cunliffe. (Appointed 1/11/56.)	Mrs. M. Hogg.
Miss A. Davies.	Miss R. Holden. (Appointed 1/5/56.)
Miss G. Davies.	Mrs. E. M. Hollinrake.
Miss P. A. Davis. (Appointed 1/5/56.)	Miss S. E. Holt.
Miss K. Devlin.	Miss M. Hopkins.
Miss J. Dickinson.	Miss H. Horsfield. (Appointed 2/7/56.)
Miss E. Ditchfield. (Appointed 5/11/56.)	Miss N. M. Houghton.
Miss D. Dodding.	Miss A. C. Howard.
Miss I. H. Downes. (Appointed 1/11/56.)	Mrs. L. Howarth.
Miss R. E. Dumbell. (Resigned 31/5/56.)	Mrs. P. Howarth. (Resigned 23/8/56.)
Miss T. Dunscombe.	Miss E. Humphreys.
Miss J. Durose.	Miss L. Humphreys. (Appointed 2/7/56.)
Miss N. B. Dyson.	Mrs. B. Hunter.
Mrs. M. Easterbrook.	Mrs. I. E. James.
Miss P. G. Eden.	Miss M. James.

- Mrs. I. Jeffrey.
 Miss G. E. M. Jeffries.
 Miss M. H. Jenkinson.
 Miss E. Johnson.
 Miss K. M. Johnstone.
 Mrs. E. J. Jones.
 Miss H. M. Jones.
 Mrs. W. Jones.
 Mrs. H. Kay.
 Mrs. E. K. Kenyon.
 Miss J. Kenyon.
 Miss M. Kenyon.
 Mrs. F. Kerr.
 Mrs. P. Kilgallen. (Appointed 25/6/56.)
 Miss G. M. Kirkham. (Appointed 1/11/56.)
 Miss B. W. Knibbs.
 Miss G. K. Lamb.
 Miss M. Lamb.
 Miss M. W. Lawson.
 Miss F. Lawton. (Appointed 15/10/56.)
 Mrs. E. Lee.
 Mrs. J. Lees.
 Mrs. D. Lever. (Appointed 17/9/56.)
 Mrs. E. Lindley. (Resigned 13/4/56.)
 Miss B. E. Littler.
 Mrs. B. Livesey.
 Miss G. M. Lloyd.
 Mrs. E. Lomax.
 Mrs. P. Lomax.
 Miss M. Luckett.
 Miss E. Lumber.
 Mrs. C. Lynch.
 Miss C. M. M'Cardell.
 Miss E. E. McKeown.
 Miss M. McCormick.
 Miss E. McLennand.
 Miss A. M. Makin.
 Mrs. D. Maltman.
 Miss E. L. Marsland.
 Miss M. A. May.
 Miss A. Melia.
 Miss E. Middlehurst.
 Miss E. Milligan.
 Miss L. Milner.
 Miss E. Mitchell.
 Miss M. A. Moore.
 Mrs. B. B. Morley.
 Miss M. Morris.
 Mrs. B. Murphy. (Resigned 25/7/56.)
 Miss M. B. Murray.
 Miss M. Ogden.
 Miss M. Openshaw.
 Miss E. W. Ormerod.
 Mrs. M. Owen.
 Miss M. E. Owens.
 Miss M. Parkington.
 Miss J. E. H. Paterson.
 Miss M. E. Pearse.
 Miss A. Perkins.
 Mrs. S. E. R. Pickering.
 Miss E. Pickup.
 Miss D. Platt.
 Miss N. Poole.
 Miss E. Pope.
 Mrs. I. Prescott.
 Miss P. Preston. (Appointed 25/7/56.)
 Miss D. H. Procter.
 Mrs. E. Prosser.
 Miss R. Pyatt. (Appointed 25/6/56.)
 Miss L. Raine.
 Miss K. M. Reddish. (Appointed 25/6/56.)
 Miss E. D. Redman. (Appointed 25/6/56.)
 Mrs. P. Redmond. (Appointed 1/7/56.)
 Miss D. E. Rhodes.
 Miss E. H. Rigby.
 Miss V. Riley.
 Miss M. V. Rimmer.
 Miss B. Riordan.
 Mrs. L. Robinson.
 Miss C. R. Ryan.
 Miss M. H. Ryden.
 Miss J. Sanderson.
 Miss I. Sandford.
 Miss E. L. Sayer.
 Miss M. Scddon. (Retired 30/9/56.)
 Miss F. Sharples.
 Mrs. A. Shaw.
 Mrs. H. Shaw.
 Miss J. Sheldon. (Appointed 25/7/56.)
 Mrs. M. C. Shelley.
 Mrs. A. Shiner. (Appointed 25/6/56.)
 Miss I. Silcock.
 Miss M. Simmons.
 Mrs. T. M. Simmons.
 Miss E. Singleton.
 Mrs. J. W. Singleton. (Appointed 30/11/56.)
 Miss E. L. Smeltzer.
 Miss A. Smith.
 Mrs. A. Smith. (Appointed 25/6/56.)
 Mrs. D. Smith.
 Mrs. H. I. E. Smith. (Appointed 25/6/56.)
 Miss L. Smith.
 Miss M. Smith.
 Mrs. N. B. Smith. (Resigned 27/10/56.)
 Miss A. R. Snape.
 Miss M. Spenceley.
 Miss J. M. Stables. (Resigned 1/1/56.)
 Miss E. J. Stanley.
 Miss E. P. Stanley. (Appointed 8/10/56.)
 Mrs. G. M. Stead.
 Mrs. I. Steggle.
 Miss W. V. Sugden. (Resigned 11/10/56.)
 Miss H. M. Swain.
 Mrs. A. L. Taylor.
 Miss K. Taylor. (Resigned 31/12/56.)
 Mrs. A. Thomas.
 Miss D. T. Thompson.
 Miss E. J. Thompson.
 Miss N. Thornton.
 Mrs. E. M. Tilburn. (Appointed 1/10/56.)
 Miss J. Tomkinson.
 Mrs. N. M. Torres.
 Miss K. I. Truman.
 Miss E. M. Turnbull. (Resigned 30/11/56.)
 Miss W. A. Turton.
 Miss W. Tyson. (Appointed 1/3/56.)
 Mrs. Z. M. Vernon. (Resigned 14/10/56.)
 Miss G. Waddicor.
 Mrs. M. I. Walmsley.
 Miss W. Walsh. (Appointed 14/3/56.)
 Miss A. Walton.
 Mrs. D. G. M. Wardle.
 Mrs. A. Webb.
 Miss J. Webster.
 Miss J. M. Webster.
 Mrs. G. Weir.
 Mrs. E. Welch. (Retired 19/3/56.)
 Mrs. W. West.
 Miss A. M. Whitaker.

Miss B. Whitaker.
 Miss M. Wild.
 Miss M. Wilkinson.
 Miss N. Wilkinson.
 Miss E. C. Williams.
 Miss G. Williams.
 Mrs. K. Williams.
 Miss M. E. Williams. (Resigned 4/9/56.)

Mrs. J. Wilson.
 Miss M. Wilson.
 Miss L. M. Winder.
 Miss M. Winslow. (Appointed 6/2/56.)
 Miss V. J. Wright. (Resigned 31/12/56.)
 Mrs. E. T. Wrigley. (Resigned 11/9/56.)
 Miss A. Yates.

School Nurses.

Mrs. L. Agers.
 Mrs. F. C. Ames.
 Mrs. C. O. Archer. (Appointed 20/2/56.)
 Mrs. V. S. Arnold. (Appointed 23/1/56.)
 Miss E. Banks. (Retired 2/2/56.)
 Mrs. J. Briggs. (Appointed 12/3/56.)
 Miss I. J. Brown.
 Mrs. L. Cooper. (Appointed 23/1/56.)
 Mrs. N. Cope.
 Mrs. M. Crosby.
 Mrs. H. Eaves.
 Miss J. Fearnough. (Appointed 20/6/56.)

Mrs. A. H. Frankland. (Retired 31/12/56.)
 Mrs. E. Iddon.
 Mrs. C. Mason. (Appointed 23/1/56.)
 Mrs. N. Milnes. (Appointed 26/11/56.)
 Mrs. A. E. McKay.
 Mrs. W. J. Parkinson. (Retired 29/2/56.)
 Miss R. A. Reilly. (Resigned 7/4/56.)
 Miss L. P. Sparkes. (Retired 15/4/56.)
 Miss A. Ward.
 Miss E. A. White. (Appointed 23/1/56.)
 Miss A. Willman.
 Miss D. Worthen. (Appointed 23/11/56.)

Bleasdale House Residential Special School for Physically Handicapped Boys (Junior), Silverdale.

MATRON : Miss G. I. Davidson.

HEAD TEACHER : Miss H. Brown.

Broughton Tower Residential Special School for Delicate Pupils, Broughton-in-Furness.

MATRON : Miss G. Ethall.

HEAD TEACHER : Mr. E. G. Sharples.

Keppleway Residential Special School for Physically Handicapped Girls, Broughton-in-Furness.

MATRON : Miss N. E. Dent.

HEAD TEACHER : Miss G. Abraham.

Sedgwick House Residential Special School for Epileptic Pupils, Sedgwick.

MATRON : Miss J. Sharp.

HEAD TEACHER : Mr. D. W. Norton.

Singleton Hall Residential Special School for Physically Handicapped Boys (Senior), Singleton.

MATRON : Miss L. E. Cooper.

HEAD TEACHER : Mr. J. H. Fortescue.

Brynbella Hostel for Maladjusted Boys, Rawtenstall

WARDEN : Mr. B. E. P. Peters.



LANCASHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

SCHOOL HEALTH SUB-COMMITTEE.

FORTY-EIGHTH ANNUAL REPORT
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER,

For the Year ended 31st December, 1956.

To the Chairman and Members of the Lancashire Education Committee.

LADIES AND GENTLEMEN,

I beg to submit the annual report on the School Health Service for the year 1956.

The report contains details of the various branches of the service including the work that is being done for handicapped pupils.

Periodic medical inspections were maintained at the same level as the previous year, in fact, the total number of examinations made, 80,769, was the highest so far. Bearing in mind the changes which occur in such a large staff, and, more important, the unexpected tasks which have to be undertaken from time to time, this result is satisfactory. Over 32,000 parents were present at the inspections a factor which must have increased the value of these occasions immensely.

These inspections have shown that the general standard of health of school children in Lancashire has been well maintained and is good.

In regard to the specific prevention of disease it will be seen from the report that a large number of children again received reinforcement injections for immunisation against diphtheria and that an increased number were vaccinated with B.C.G. for protection against tuberculosis. During the year a limited supply of vaccine for protection against poliomyelitis was made available by the Ministry of Health and a high proportion of those registered in the particular age groups selected by the Ministry received the appropriate injections.

The facilities provided through the School Health Sub-Committee have been extended in many ways. For example, chiropodists were attending at sixteen different centres throughout the County, compared with only six the previous year. The great value of this service is emphasised by the fact that not only are many minor defects of the feet dealt with expeditiously, there is also the gain from the opportunities presented, with parents as well as children, for education in the care of the feet. Our chiropodists report again and again how necessary it is to have the co-operation of the parent and, what is more, how responsive most parents are to advice on this aspect of health which has been generally neglected in the past. More centres were opened for speech therapy, after a set-back the previous year through resignations of speech therapists and there are signs that this expansion will now continue.

Mention should also be made of the success which has attended the opening of evening sessions for dental treatment at six clinics. Though primarily intended for expectant and nursing mothers it is found that some older pupils are attending for treatment which is mainly conservative.

The full pattern of the work of the three itinerant teachers of the deaf can be seen more and more clearly and the appointment of three assistants to these teachers will go far to make the scheme a complete one. These assistants only took up their duties near the end of the year but it is already clear that they fall in with the general plan most satisfactorily. The small audiometer which has been produced by one of the teachers is of unusual interest and will be referred to in more detail, after full trial, in the next report.

It is again a pleasure to refer to the consistently good work of the five special residential schools with which the Committee have been so intimately concerned. In all, these schools cater for about 200 children, most of whom are seriously handicapped and are likely to remain at the school for the whole of their school life. The main exception to this is that delicate children admitted to Broughton Tower can usually be discharged after a period of a few months. It is therefore of the greatest importance that these children should feel happy and secure in a homely atmosphere and from the detailed accounts in the report the Committee can feel that this has been achieved. We are particularly grateful for the interest of outside bodies in the schools, an interest which has found practical expression in many ways. The gifts that have been made, the trips that have been arranged and the tea parties that have been provided show a spirit and concern on the voluntary side which is of the greatest possible value and encouragement to the schools.

All experience in any work of this kind goes to show that however important premises and equipment may be they take second place to the personal qualities and abilities of the staff on whom the various responsibilities have been placed. One way in which personnel can be assisted, after they have been appointed and preferably when they have had some experience in the work, is by sending them to refresher courses and occasionally, where appropriate, to conferences. Few opportunities for this kind of improvement are missed in our School Health Service and in recent years personnel in every branch have participated. Doctors, dentists, school nurses, matrons and teachers in special schools, physiotherapists, speech therapists, educational psychologists and psychiatric social workers have at one time or another, perhaps on several occasions, attended such courses and conferences and the benefit to themselves and to the service is beyond question. It is fitting, here, that I should acknowledge the wisdom and the generosity of the Committee in following this policy.

It should be remembered that the Committee's officers undertake responsibilities which may involve decisions of great moment to a particular child and, indeed, to the family as well. When, for example, a school medical officer is called upon to advise as to the particular special school most suitable for a child with multiple handicaps, or that a child's educational and other needs will not be adequately met if he receives education in his own home, though the parents may want it, he requires all the experience and wisdom he can call to his aid for his advice may well have a great bearing on the whole future of the child.

The new clinics which have been erected are serving their purpose well. During the course of the year new ones were set up at Rawtenstall, Golborne, Royton and Maghull, as minor building projects, and one of larger type, in Middleton.

I desire once again to express to the members of the County Council the thanks of the Department for their interest in this work. My thanks are due, especially, to the Education Committee for their continued support and encouragement.

I am, Ladies and Gentlemen,

Your obedient Servant,

S. C. GAWNE,

*County Medical Officer of Health,
and Principal School Medical Officer.*

School Health Department,
East Cliff County Offices,
October, 1957.

(Telephone : Preston 4868).

GENERAL STATISTICS.

The table below shows the number of maintained schools in the County area on the 31st December, 1956, and the number of children on the roll :—

Type of School.	No. of Schools.	No. on Roll.
Nursery	42	1,744
Primary	1,000	221,680
Secondary (Modern)	158	66,163
(Grammar)	49	24,666
(Technical)	13	2,489
(Comprehensive)	1	522
Special (Day)	10	710
(Residential)	8	366
Total	1,281	318,340

In addition, periodic medical inspection has been extended to seven non-maintained schools, the number of pupils on roll being 3,938.

CO-ORDINATION OF THE SCHOOL HEALTH SERVICE WITH OTHER HEALTH SERVICES.

The County Medical Officer of Health is also the Principal School Medical Officer and the Chief Welfare Officer and the medical staff in the central office are concerned with the administration of the Public Health Acts, embracing the environmental services, the National Health Service Act, the National Assistance Act, and the School Health Service.

Divisional Administration.

Although the areas and populations covered by the 17 health divisions into which the County is divided are different from those served by the divisions set up for educational purposes, the number of which is 24, together with two excepted districts, a very considerable degree of integration of the two services is possible, as the divisional medical officer is also the divisional school medical officer for the whole of his division. The assistant medical officers and health visitors and school nurses of the division are all responsible for much of the work entailed in both the National Health and the School Health Services.

There is further co-ordination through the employment of divisional medical officers and their assistants as medical officers of health of the County Districts and in 85 out of 108 districts, medical officers of the County staff act in this capacity.

The dental staff are mainly engaged in the School Health Service but have responsibilities also in the care of mothers and young children. With few exceptions the school nurses are also health visitors.

There is much to be said in favour of employing officers in more than one branch of the preventive health services. They are able by these means to take a more comprehensive view of the services and to appreciate more readily the nature of the problems presented to them.

The following table shows the relationship in 1956 between Health and Education Divisions :—

Health Division.	Education Executive Area.	
	Whole.	Part.
1	1	—
2	—	2
3	—	3
4	10	2, 3, 4, 5, 14.
5	7	5, 9.
6	6	5
7	11, 12	4
8	13	14
9	16, Widnes Ex. Dist.	—
10	17	—
11	15	9, 14, 18
12	19	8
13	—	8, 20
14	—	20, 23
15	22	18, 21
16	Stretford Ex. Dist.	21
17	24.	23

Immunisation.

Under the County Council's immunisation scheme facilities are provided for protection against diphtheria, whooping cough and tetanus, whereby inoculations may be given against diphtheria or whooping cough separately, or together, or in further combination with protection against tetanus.

Immunisation sessions, arranged by the respective divisional medical officers, are held periodically at school clinics, child welfare centres and other suitable centres, such as schools. In addition, medical practitioners take part in the County Council's scheme either by conducting sessions at the clinics on behalf of the local health authority or in the course of their private practice. At the 31st December, 1956, the number of general practitioners who were taking part in the arrangements for immunisation was 1,023.

Below is given a summary, by types of antigen used, of the numbers of children in specified age groups in the Administrative County Area who completed a full course of primary immunisations or were given a reinforcement injection during 1956.

Antigen used.	Primary Immunisations.			Reinforcement injections.		
	Age at date of final injection.			Age group.		
	Under 5 years.	5-14 years incl.	Total 0-14 years.	Under 5 years.	5-14 years incl.	Total 0-14 years.
Diphtheria only	2,012	2,628	4,640	1,640	19,751	21,391
Whooping cough only	687	119	806	12	15	27
Diphtheria and whooping cough (combined)	7,132	178	7,310	336	646	982
Diphtheria, whooping cough and tetanus (combined)	12,114	221	12,335	124	371	495
Diphtheria and tetanus (combined) ...	29	83	112	2	...	2

The table below shows the number of children under 15 years of age at the 31st December, 1956, who had completed a course of immunisation at any time before that date (*i.e.* at any time since 1st January, 1942) classified by age groups as to those having had the course within the last five years and those whose immunity was given at an earlier date and has not since been reinforced by booster doses of antigen. By expressing the numbers in each age group who received a complete course of injections (whether primary or booster) during the five years prior to 31st December, 1956, as a percentage of the population in that age group, an immunity index is provided.

Age at 31st December, 1956, <i>i.e.</i> born in year.	Under 1 1956.	1-4 1955-52.	5-9 1951-47.	10-14 1946-42.	Under 15 Total.
Last complete course of injections (whether primary or booster)— A.—1952-56	4,728	71,779	92,492	52,621	221,620
B.—1951 or earlier ... ..	...	...	51,360	75,880	127,240
C.—Estimated mid-year child population	30,600	116,700	316,600		463,900
Immunity Index : $100 \frac{A}{C}$	15.5	61.5	45.8		47.8

From the above it will be seen that of a school population of 316,600, 272,353 or 86.02 per cent. had at some time completed a course of immunisation. Of these 145,113 or 45.83 per cent. had been primarily immunised or had reinforcement injections during the five years immediately preceding the 31st December, 1956, and may, therefore, be regarded as possessing a high degree of immunity. The remaining 127,240 children between the ages of five and 15 years or 40.18 per cent. of the school population had at some time prior to 1952 received a course of immunisation but, whilst some residual protection remained, these could not be regarded as possessing a satisfactory degree of immunity.

Vaccination against Tuberculosis.

(a) Contacts.—Since 1949 B.C.G. vaccination of suitable contacts of cases of tuberculous infection have been carried out by chest physicians on behalf of the County Council.

The following statement shows the number of children between the ages of two and 15 years examined and tested for suitability for B.C.G. vaccination and the number actually vaccinated during 1956 :—

	Under five.	5—14 inclusive.	Total.
Number of children tested for suitability for B.C.G. vaccination ...	1,325	1,303	2,628
Number of children vaccinated	1,007	583	1,590

(b) School children.—In 1954 the County Council's proposals were amended to provide for the B.C.G. vaccination of school children between their thirteenth and fourteenth birthdays, who were shown as a result of tuberculin test to be suitable, and whose parents consented to the vaccination.

The majority of the medical officers employed by the County Council have now received training in the technique of B.C.G. vaccination and during 1956 the scheme has been further extended, though shortage of staff has prevented it in some areas.

The following table summarises the results of B.C.G. vaccination programmes completed during the year :—

No. of Schools Completed.	Number of parents' consent forms.			Number of children.			
	Sent to Parents.	Returned.		Tuberculin Test Performed.	Tuberculin Test Positive.	Tuberculin Test Negative.	Vaccinated with B.C.G.
		Refused.	Consented.				
74	4,033	1,174	2,716	2,570	834	1,689	1,660

Vaccination against Poliomyelitis.

Vaccine against poliomyelitis was made available by the County Council for children of certain age groups. This work was confined to the months of June and December and in all 8,721 vaccinations were carried out. The children concerned were aged two to nine and in view of the limited supply of material, children born in certain months only of the particular years could be vaccinated.

By the end of the year 11·0 per cent. of all the children registered had been fully vaccinated. Of the children born in the selected months of March and November of the years specified 79·8 per cent. had received a full course and in the reserve month 30·1 per cent.

MEDICAL INSPECTION.

Inspection is carried out in the schools and at clinics and is of three kinds.

1.—Periodic.

The Education Act lays down that a local education authority must make provision for the medical inspection of all pupils attending any school or County college maintained by the authority. These inspections are made on not less than three occasions at appropriate intervals during the period of school life, or they may be made at other times thought to be desirable. For the time being, in the County area periodic examinations take place on the first entry into a maintained school, at the age of 10, and during the last year at school.

The parents of all day pupils are given the opportunity of being present at the medical inspections and it will be seen from the table below that 32,021 parents were present at the inspections of 80,769 children. This is the highest number of inspections ever made in one year. The presence of the parent greatly enhances the value of the medical inspection and every encouragement is given to the parents to consult the school medical officers not only at the periodic medical inspections but also at the school clinics. There is wide appreciation by school medical officers of the value of the interest and co-operation shown by parents at these interviews.

2.—*Special.*

These inspections concern children not due for periodic inspections but who are specially presented for examination by parents, teachers or school nurses when some defect is suspected.

3.—*Re-inspection.*

This is for children who, at a previous inspection during the year, had some defect requiring treatment or observation.

The following table shows the number of inspections made during 1956 :—

Number of Schools in which Periodic Medical Inspection was completed	1,019
Number of Pupils examined :—	
“ Entrants ”	32,161
“ Second Age Group ”	26,919
“ Leavers ”	20,264
Total	79,344
Additional Periodic Inspections	1,425
Grand Total	80,769
Number of Special Inspections	38,060
Number of Re-inspections	46,994
Number of Parents present at Periodic Inspections	32,021
Number of Parents present at Special Inspections	20,701

PERIODIC MEDICAL INSPECTION.

Year.	No. of Schools in which inspection was completed.	No. of Pupils inspected.
1956	1,019	80,769
1955	1,004	80,340
1954	932	79,798
1953	865	75,761
1952	862	71,328
1951	846	65,734
1950	873	64,577
1949	932	72,920
1948	807	62,585
1947	802	57,074

The total number of children found at periodic medical inspections to require treatment, excluding dental diseases and infestation with vermin, is shown in Table 1 (C),* and Table 3.* gives a detailed analysis of the defects found at periodic and special inspections.

Physical Condition.

Table 1 (D)* shows the classification of the physical condition of pupils inspected in the periodic age groups under two categories—“ Satisfactory ” and “ Unsatisfactory ”—and this replaces the former classification of General Condition. It was considered by the Ministry of Education that this change would lead to greater equality of standards in assessing the physical condition of children.

* For these tables please refer to Appendix.

Uncleanliness.

One of the most important duties of the school nurses is their work in dealing with uncleanliness. The value of this work lies not only in bringing to light conditions of uncleanliness in children seen by them during their frequent inspections at the schools but also in the opportunity it gives them for personal contact with the parents. Long experience has shown that the educational work of the nurses among parents has been the most potent factor in reducing the incidence of uncleanliness. That there is still much work to be done in this field is shown by the fact that 4·3 per cent. of children on the school roll were found to be verminous in 1956. This state of affairs is far from satisfactory, and the work which the nurses have to do in dealing with the minority of families who are persistently verminous is time consuming and often discouraging. There can be no doubt that in most cases the school children are re-infested from other members of the family especially the mother or older sisters and unless the health visitor can gain the co-operation of all the members of the family the children can hardly be expected to remain free from pediculosis.

In spite of the efficacy of modern methods of treatment, the decrease in infestation is still slow and shows how necessary it is to persist in educational methods if there is to be a substantial reduction in the extent of uncleanliness among children.

Cleanliness inspections were carried out in the schools during the course of 12,195 visits by the school nurses, an average of 9·5 for each school for the year. At these visits 599,651 examinations were made and 13,804 children were found to be verminous. This was 707 less than in 1955.

Comparative figures for the last 12 years are shown below :—

						Percentage of Children verminous on School Roll.
1956 ...	...	...	...	...	...	4·3
1955 ...	...	...	...	...	...	4·6
1954 ...	...	...	...	...	...	5·0
1953 ...	...	...	...	...	...	4·8
1952 ...	...	...	...	...	...	5·8
1951 ...	...	...	...	...	...	6·3
1950 ...	...	...	...	...	...	6·7
1949 ...	...	...	...	...	...	7·0
1948 ...	...	...	...	...	...	6·6
1947 ...	...	...	...	...	...	7·5
1946 ...	...	...	...	...	...	8·7
1945 ...	...	...	...	...	...	10·2

PERCENTAGE OF CHILDREN VERMINOUS ON SCHOOL ROLL IN EDUCATION
EXECUTIVE AREAS.

Education Executive Area.	1956.	1955.	1954.	Education Executive Area.	1956.	1955.	1954.
1	% 1·86	% 0·72	% 1·32	14	% 9·29	% 9·18	% 7·63
2	2·36	2·82	3·10	15	3·90	5·29	2·95
3	1·92	2·41	3·61	16	8·11	9·61	13·69
4	1·46	0·60	1·32	17	3·86	5·33	4·51
5	3·02	2·44	3·62	18	4·88	5·82	4·21
6	2·56	2·56	2·54	19	2·02	1·90	2·87
7	2·27	2·68	3·11	20	5·98	4·29	5·47
8	5·49	6·30	4·89	21	0·95	0·43	0·65
9	6·58	5·44	5·63	22	3·81	3·97	3·91
10	1·65	2·20	3·08	23	5·45	5·94	6·57
11	2·00	2·70	2·27	24	5·53	5·35	5·15
12	4·61	4·66	5·97	Stretford Excepted Dist.	1·86	3·62	3·60
13	7·86	6·73	6·94	Widnes Excepted Dist.	6·52	9·12	12·19

The degree of variation noted in previous years in different parts of the County area shows a tendency to diminish though the above figures may seem somewhat surprising until due account is taken of several factors which are concerned. In the first place it appears that in any large body of school nurses there will be inevitably some variation in the standards employed. Some nurses, for example, are inclined to disregard for record purposes the child from a good home and who is obviously well cared for, but who happens to have a few nits on one occasion. Other nurses, it is found, have difficulty in recording a child as infested if only one or two nits are present. There is also the point that the longer the time spent in examining each individual head, the greater the number likely to be found infested. Every effort is made to encourage the adoption of the same standards throughout the County, but in practice, as is often observed, it is very difficult to eliminate the personal factor.

There can be no doubt, however, that there is an actual difference in the infestation rate in different areas. The rate in rural areas is lower and it is quite clear from the figures given in the table that on the whole the highest rates are in the most thickly populated areas, where there are the largest families. It is well known, of course, that in most areas there are a few families which are persistently verminous.

ARRANGEMENTS FOR MEDICAL TREATMENT.

School Clinic Premises.

Clinics to provide school health and child welfare services were constructed during the year in Rawtenstall, Golborne, Royton and Maghull. These clinics are of "Derwent" pre-fabricated timber construction and of a design which can be built within the Ministry limit for minor works. The premises in Royton, Rawtenstall and Maghull replace existing rented premises.

Langley Estate in Middleton has been built to serve an overspill population and the year under review saw the completion of a combined school clinic and child welfare centre of the larger traditional plan in this township. This project formed part of the major building programme.

In Fulwood and Ditton (Widnes) clinics were established in premises which have been acquired on lease and which have been adapted for the purpose.

The building programme carried out resulted, by the end of the year, in there being a total of 108 premises at which school health services are provided.

Minor Ailments and Consultation.

The treatment of minor ailments continues to be an important function of the clinic though there is a fall in the numbers attending, consequent upon the availability of the family doctor for the treatment of these conditions, through the provisions of the National Health Service Act. Skin diseases, impetigo, scabies and ringworm form a large proportion of the cases treated though the incidence is very much less than it was a few years ago. Minor diseases of the ear, nose and throat are treated in considerable numbers.

The clinics are, in addition, used for consultation between the parent and the school medical officer. As the school nurse is available these consultations can be of great value, perhaps most of all when the nurse is also the health visitor. There are no better opportunities in the school health service, for education for health, than these consultations with individual parents and it can be said that the majority of school medical officers fully realise that time used in this way is well spent.

In nine areas specialists attend for consultation in regard to certain ear, nose and throat conditions that may require treatment in hospital.

Defective Vision and Squint.

The number of children found at periodic inspection to have defective vision was 7,254 or 8.98 per cent. of those examined, and of these 3,073 were found to require spectacles. 2,210 children were found to have defective vision, at special inspections, of whom 1,477 required spectacles.

Ophthalmic surgeons attend at 68 clinics throughout the County for the purpose of carrying out refractions and, where necessary, prescribing spectacles. The supply of spectacles is the function of the Local Executive Council under the National Health Service Act, 1946 and there is the closest co-operation between the two departments.

Orthoptic Treatment.

Orthoptic clinics were held at Chorley, Eccles, Leigh, Nelson and Waterloo. A total of 553 children attended for treatment and of these 91 were referred to hospital for operative treatment. Attendance is good and this is helped by the use of the appointments system. In one or two areas arrangements have been made for the orthoptists to visit the local hospital. This allows them to see their clinic children while in hospital, if necessary. Personal contact with the hospital also appears to facilitate the transfer of older children to the hospital authority when they need further supervision after leaving school. The co-operation of the health visitors and school nurses is, of course, quite essential in this work with the younger children and they are doing much to help parents to appreciate the value of early treatment.

The main work of the clinics is to supervise orthoptic exercises after adequate care has been given to the question of diagnosis. For many children this is sufficient without the necessity for operative treatment and even those treated by operation need orthoptic exercises afterwards. Those attending who are too young for these exercises are treated by occlusion and periodic vision checks. While there is no standard age for beginning these exercises most children of seven years or more are able to carry out the necessary treatment under supervision.

In most areas the high proportion of young, pre-school children who attend for treatment is very satisfactory.

The following table shows the work done during the year at the orthoptic clinics.

Clinic.	Children Treated.	Discharged Cured.	Discharged Improved.	Treatment Suspended.	Ceased Attending.	Still Attending.
Chorley	58	4	—	8	—	46
Eccles	333	50	8	—	5	270
Leigh	67	—	4	13	3	47
Nelson	55	20	17	9	3	6
Waterloo	40	13	15	7	3	2
Total	553	87	44	37	14	371

Chiropody.

The table below gives details of the Chiropody Services at the clinics where the sessions are held :—

Clinic.	Children Treated.	Discharged Cured.	Discharged Improved.	Treatment Suspended.	Ceased Attending.	Still Attending.
Accrington	52	20	3	2	4	23
Ashton-under-Lyne	228	151	—	10	29	38
Bacup	149	106	5	1	8	29
Chadderton	91	69	1	—	2	19
Clitheroe	30	13	1	—	—	16
Darwen	140	98	16	3	5	18
Eccles	163	109	7	5	6	36
Farnworth	197	152	—	2	6	37
Heywood	6	—	—	—	—	6
Horwich	79	13	11	1	15	39
Littleborough... ..	35	32	—	—	—	3
Leigh	130	97	—	—	2	31
Morecambe	59	26	7	2	3	21
Nelson	96	78	9	1	1	7
Swinton	191	140	4	6	5	36
Urmston	127	62	23	1	9	32
Total	1,773	1,166	87	34	95	391

There is general agreement among the chiropodists that their work has two aspects which are closely related. There is in the first place the treatment of minor defects such as a mild degree of hallux valgus, verrucae pedis, corns and defects of nails, and of the lesser toes. All such conditions are still common and this emphasises the second aspect of their work which is educational.

Care in the management of footwear and in the hygiene of the feet are matters to which parents should give a great deal more attention than they are in the habit of doing at present. Children are too often left to look after their own feet, even to buying their own shoes and the feet may not get even the most rudimentary care. If the chiropodist is the most appropriate person to bring parents to realise their duty regarding their children's feet and to appreciate how much, in fact, they can do by the expenditure of a little time, then a chiropody service for children is worth while on these grounds alone.

The preventive aspect of their work is emphasised in the reports of a number of the chiropodists and in many cases also mention is made of the appreciation which parents have expressed for the service.

Orthopaedic and Postural Defects.

There are 29 after-care centres in the County area, each attended monthly by an orthopaedic specialist and as a rule weekly by an orthopaedic nurse. Children are referred to these centres by the school medical officers for treatment under the supervision of the orthopaedic surgeon, either at hospital or at the clinic. Hospital treatment may be either short-stay or long-stay, facilities for education being provided in the latter case. A large number of children attend the clinics for remedial exercises, mainly for the correction of defects of posture. Others need continued supervision following hospital treatment and after they have returned to school.

Children requiring operations and other treatment necessitating a long stay in hospital are admitted as previously, though in diminishing numbers, to the Biddulph Grange Orthopaedic Hospital, now controlled by the Birmingham Regional Hospital Board. Treatment is also provided at the Ethel Hedley Hospital, Windermere, Heswall Children's Hospital and the Rochdale Children's Orthopaedic Hospital for the most part by arrangements through the School Health Service. These are all recognised as Special Schools.

The following is a summary of the work done during the year in the After-Care Centres :—

	Children Attending School.	Pre-School Children.
No. of individual children attended	4,320	1,638
Total number of attendances made	17,970	5,331
No. of children referred to consultant orthopaedic surgeon at hospitals	82	16
No. of children recommended for operative treatment by orthopaedic surgeons at centre or hospital	103	9
No. of plasters made at centres	16	11
No. of surgical appliances, <i>e.g.</i> , boots, irons, etc., supplied through centres	1,161	349
No. of children given remedial exercises	1,677	447

Defects from which children were suffering :—

	Children Attending School.	Pre-School. Children.
Paralysis—		
Infantile	129	6
Spastic	122	32
Other	7	3
Deformities—		
Congenital	347	232
Traumatic	54	9
Other	3,349	1,259
Rickets	4	7
Infections	59	—
Tuberculosis	4	1
Tumours	20	6
Miscellaneous	225	83
Total	<u>4,320</u>	<u>1,638</u>

SCHOOL CLINIC ATTENDANCES.

The following table shows the number of sessions held and the number of attendances made at the 373 departments in 108 school clinic premises :—

	No. of Departments.	No. of Sessions.	Attendances.	
			Pupils in Attendance at School	Pre- School Children.
Minor Ailments and Inspection ...	94	11,544	128,834	3,422
*Dental	82	18,517	127,443	5,593
Orthodontic	5	816	5,573	—
Ophthalmic	68	2,513	31,521	2,690
Orthoptic	5	951	5,762	948
Ear, Nose and Throat	9	94	1,407	218
Orthopaedic	29	2,331	17,970	5,331
Artificial Light	17	1,037	9,088	5,807
Speech Therapy	43	3,574	18,325	691
Chiropody	16	698	7,287	95
Child Guidance	3	639	2,074	—
Miscellaneous—				
Asthma, Cardiac	2	9	42	3
Total	373	42,723	355,326	24,798

* In addition Nursing and Expectant Mothers made 7,787 attendances at the Dental Clinics during the year.

(For table showing attendances made at individual clinics see pages 50 to 52).

HANDICAPPED PUPILS.

It is the duty of the local education authority to make suitable provision for handicapped pupils in the area. There are 10 categories, as follows :—

Blind	Physically Handicapped
Partially Sighted	Epileptic
Deaf	Maladjusted
Partially Deaf	Speech Defects
Delicate	Educationally Sub-normal

Children who are handicapped in any of these ways require special educational treatment since they cannot be educated satisfactorily under the normal conditions of an ordinary school. Many children in several of these categories continue their education at ordinary schools when suitable arrangements are made for them appropriate to their handicap.

Others, however, must be educated in special schools, either day or residential, if their abilities and aptitudes are to be developed to the fullest extent. In the County area the most urgent need until a few years ago was for residential schools and it now appears that these particular requirements have been most satisfactorily met.

County children who are blind, partially sighted, deaf, partially deaf and maladjusted who need education in a special school are admitted to schools administered by other local education authorities or voluntary bodies. Facilities for the partially deaf are extended in a most valuable way by the three itinerant teachers employed by the Committee and for maladjusted pupils by the Committee's hostel for boys. Provision for educationally sub-normal pupils is not the responsibility of the School Health Sub-Committee.

The following pages show the extent and the kind of facilities now provided for handicapped children by the Committee.

The number of handicapped pupils in need of education at special schools and the number actually placed, is shown in Table 6.† It will be seen that the general position is very satisfactory. The main exception is the shortage of places for educationally sub-normal pupils, a situation which the Education Committee is rectifying as quickly as it is permissible to do so.

† For this table please refer to Appendix.

PARTIALLY DEAF PUPILS.

The three itinerant teachers of the deaf continue to fill a most important place in the Committee's arrangements for dealing with those children who are handicapped by a defect of hearing. Their defect, of course, is not so severe as to necessitate their education in a special school for the deaf, where methods are used for children who have never acquired speech naturally. At the same time their defect may be quite sufficient to interfere appreciably with their educational development if some action is not taken to provide them with additional help. By using hearing aids and perhaps by attending a course of instruction in lip-reading the majority of these children are able to continue their education at an ordinary school without detriment to their progress. Many of them would otherwise have to be admitted to a special school for the partially deaf and for a few seriously partially deaf children this is still the only satisfactory solution.

The three teachers have always been concerned with the assessment of the degree of deafness and with the setting up of lip-reading classes.

An attempt is made to test the hearing of all children at the age of eight years. This has hitherto been done with the use of a gramophone audiometer but in place of this group test, the individual but rapid sweep test is now used. In addition, children suspected of deafness are referred to these teachers by medical officers and others for the accurate measurement of the extent of hearing loss. Hearing can often be restored by medical treatment but in those cases where it cannot the itinerant teacher is able to see that everything is done to get over the difficulty. He is well placed to undertake this responsibility for he has a detailed knowledge of the child's hearing defect, he knows the pitfalls met by many in using a hearing aid, while as a teacher he can discuss the educational problems of individual children with their teachers. He recommends to the medical officer which children would benefit from lip-reading instruction and is able to set up these classes where they are most needed. Children normally attend once or twice a week for a term and sometimes for a second term. The teacher in this way acts as a co-ordinator.

The gradual increase, through the extension of the work, of the number of children requiring individual assessment with a pure tone audiometer has meant some reduction in the number of children given a routine test at eight years of age. This development was not unexpected and led to the appointment, towards the end of the year, of an assistant for each of the itinerant teachers. These assistants, who work for four days a week, are concerned in the main with the routine sweep testing of eight year old children. They also give some very necessary clerical assistance. By the end of the year though they had only been working for a few weeks, it was obvious that their appointment would be a great help towards making the scheme a comprehensive one. To achieve this it may yet be necessary to appoint a fourth teacher and assistant.

There is much evidence from teachers and parents of the value of lip-reading classes and it should be remembered that the actual ability to lip-read may not be the whole problem. The following case reported by Mr. E. R. Wall, illustrates how self-confidence can be regained.

A girl of about 13 was submitted for test and found to be severely deaf, particularly for high tones. She was, at the first interview, extremely nervous, on the verge of tears and very much withdrawn within herself. At the outset of the course, great care had to be taken to avoid a flood of tears; this in spite of the fact that her lip-reading ability was exceptional to say the least. However, after four or five lessons this diffidence was gradually overcome and by the tenth lesson a completely new outlook was evident. Since that time she has left school. When last seen it was difficult under normal conditions to detect that she was more than "a little hard of hearing" but the most striking aspect was the poise and self-confidence which she had acquired. The change in the attitude of mind it was possible to bring about was well worth the time expended.

The table below shows the number of children with whom these teachers have been concerned during the course of the year. The work has been carried out in Education Divisions 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 15, 16, 17, 19, 20, 21, 22, 23, 24 and the Widnes Excepted District.

Teacher of the Partially Deaf.	Number of Children tested by Sweep Test.	Number of Children tested by Pure-Tone Audiometer.	Number of Children Attending Lip Reading Classes.
Mr. J. J. Finigan	1,039	656	61
Miss H. G. Johnson	3,200	856	86
Mr. E. R. Wall	1,967	860	34
Total	6,206	2,372	181

One of the teachers, Mr. E. R. Wall, has, with great initiative, produced a small audiometer which is now being used for sweep testing in all three areas. It had been clear for some time that there were great disadvantages in the expense and the weight of the only audiometers available for this work and in the absence of any move from the manufacturers to produce a more simplified and lighter instrument Mr. Wall, with much care and ingenuity, prepared a prototype, using transistors. On test this was so satisfactory that copies were made so that all three teachers could use them. The following is Mr. Wall's description of the instrument :—

“The audiometer itself is housed in a grey hammer-finished aluminium case measuring $8\frac{1}{2}$ -in. by $6\frac{1}{2}$ -in. by $3\frac{1}{4}$ -in. and the total weight is 3 lb. 1 oz. The audiometer uses transistors in place of the usual thermionic valves and is powered by a miniature dry battery of special type which has an estimated life in use of 12 to 15 months. Controls are reduced to three—frequency selector, telephone selector and tone interruptor. The case has been so designed that, whilst a convenient shape for carriage, the panel can be inclined in use for ease of operation and to hide the controls from the subject.

“The twin telephone headset is of normal design and weighs 13 ozs.

“The complete test unit is carried in a partitioned 16 in. attache case which also houses polythene containers for cotton wool and disinfectant, forms, diary, etc., and with room to spare. The average weight of a complete case in use is about $7\frac{1}{2}$ -lbs. and all equipment and accessories are contained in one case.

“The main advantages of this equipment are a saving in weight (about one-third that of any other suitable equipment), independence of any electricity supply and a saving in cost of about £60. The equipment can easily be carried for reasonable distances. Independence of electricity supply has resulted in a much wider choice of rooms in the schools. This enables the quietest room to be selected irrespective of the availability of power or light points. The simplification of controls tends to speed up testing and reduce fatigue.”

DELICATE PUPILS.

Provision is made by the County Council for delicate pupils through Broughton Tower, a residential special school for junior boys and girls, and through six day special schools in Darwen, Eccles, Nelson, Stretford, Swinton and Widnes. Arrangements are also made when necessary for children to be admitted to various residential special schools administered by other local education authorities and voluntary bodies, and to convalescent homes for shorter periods.

Broughton Tower.

This school completed its ninth full year, and provided residential care for children suffering from delicacy due to a variety of causes :—

	1956.	1955.	1954.
Resident in school on January 1st ...	40	31	37
Admitted during the year ...	81	75	73
Discharged during the year ...	85	66	79
Resident in school on December 31st ...	36	40	31

The following report has been received from Dr. H. Gordon Robinson, school medical officer in the area, who is in clinical charge of the children :—

“The table below gives details of the 81 children admitted during 1956, of whom 43 were boys and 38 girls :—

Diagnosis.	No. of Children.	per cent.
Asthma...	33	40·8
Bronchiectasis	9	11·1
Bronchitis	12	14·8
Debility	16	19·8
Rheumatism	2	
Underdevelopment and Malnutrition	4	
Post Primary Tuberculosis	2	
Eczema	1	
Enuresis	1	
Nervous Debility	1	

“Included in the above are nine re-admissions classified as follows :—

Asthma...	7
Bronchiectasis	2

“The admissions in the four largest groups : Asthma, Debility, Bronchitis and Bronchiectasis (70 cases), accounted for 86·4 per cent. of the total. As in previous years the number of admissions classified outside these groups was small, only 11 in 1956.

Age on Admission.

Under	6 years	...	...	...	...	...	...	...	3
	6 years	...	...	...	...	...	...	...	10
	7 years	...	...	...	...	...	...	...	15
	8 years	...	...	...	...	...	...	...	15
	9 years	...	...	...	...	...	...	...	18
	10 years	...	...	...	...	...	...	...	9
	11 years	...	...	...	...	...	...	...	10
	12 years	...	...	...	...	...	...	...	1

“The average age on admission was 8 years, 5 months, compared with approximately 8 years last year.

Discharges.

Boys	...	...	...	...	...	...	...	47
Girls	...	...	...	...	...	...	...	38
								—
Total								85
								==

“One of these was an Asthmatic and had been re-admitted for the second time.

“The absence of attacks in those children suffering from Asthma, while they were at the school, was again an interesting feature.

“The length of stay varied from 1 month to 21 months, the average length of stay being approximately 7 months.

Comparisons of Weights on Admission and Discharge of Children Discharged during 1956.

		1956.		1955.		1954.
		%		%		%
Underweight on admission	...	61·7	...	54·6	...	84·6
Underweight on discharge	...	35·8	...	21·5	...	60·0
Normal weight on admission	...	38·3	...	45·4	...	15·4
Normal weight on discharge	...	64·2	...	78·5	...	40·0

“Although the number of children who are underweight on admission varies considerably from year to year, there is a constant and noteworthy increase in the rate of growth of *all* children during their stay at Broughton Tower.

“This may, perhaps, be better illustrated in the following table which compares the rate of growth of children at this school in 1956 with the average rate :—

Age in Years on Admission.	Number of Children.	Average Weight increase per Month of Normal Children*	Average Weight Increase per Month at Broughton Tower.	Percentage Increase Above Normal.
6	14	5·73 ozs.	14·3 ozs.	150%
7	16	6·6 ozs.	16·96 ozs.	157%
8	14	6·73 ozs.	22·23 ozs.	231%
9	20	8·8 ozs.	24·56 ozs.	179%
10	9	8·0 ozs.	28·5 ozs.	256%
11	11	12·3 ozs.	44·4 ozs.	261%

* From Holt’s “Diseases of Infancy and Childhood.”

"The continued help and co-operation of Dr. J. R. Edge, the consultant thoracic physician; Dr. T. B. Horrocks, pathologist; the dental officer and ophthalmologist of the county staff, and Dr. W. G. Southern, of Broughton-in-Furness who provides general practitioner services for the children and staff, have been of the highest order. Their assistance together with that of the matron and nursing staff and the head teacher and his staff has proved to be of immense value in rehabilitating the children to normal physical well-being."

FOLLOW-UP REPORTS.

"Letters are sent to the divisional medical officers concerned with each child, six months after discharge from Broughton Tower. This report is compiled from 70 replies received from various divisions up to 31st December, 1956, and relates to children discharged in 1955 and up to May, 1956:—

									<i>Per cent.</i>
Improved	...	...	...	...	...	46	...	...	65.7
Remained Stationary	...	...	...	...	...	12	...	...	17.1
Deteriorated	...	...	...	...	...	12	...	...	17.1

Recommendations at Follow-up Examinations—

									<i>Per cent.</i>
Fit to remain at ordinary school	...	...	...	...	...	50	...	...	71.4
To return to special school as soon as possible	...	...	...	...	...	12	...	...	17.1
To go to special day school	...	...	...	...	...	4	...	...	5.7
To go to a convalescent home	...	...	...	...	...	4	...	...	5.7

The details of certain clinical groups are as follows:—

<i>Asthma.</i>									
									<i>Per cent.</i>
Improved	...	...	...	...	...	24	...	...	61.6
Remained stationary	...	...	...	...	...	6	...	...	15.5
Deteriorated	...	...	...	...	...	9	...	...	23.0

<i>Bronchitis.</i>									
									<i>Per cent.</i>
Improved	...	...	...	...	...	4	...	...	57.1
Remained stationary	...	...	...	...	...	2	...	...	28.6
Deteriorated	...	...	...	...	...	1	...	...	14.3

<i>Bronchiectasis.</i>									
									<i>Per cent.</i>
Improved	...	...	...	...	...	5	...	...	55.6
Remained stationary	...	...	...	...	...	3	...	...	33.3
Deteriorated	...	...	...	...	...	1	...	...	11.1

"The miscellaneous group accounted for the remaining 15 children—all of whom have improved with the exception of one maladjusted child who has remained stationary, and one with rheumatic heart disease who had deteriorated.

Conclusion.

"It will be seen that 65.7 per cent. of the children are much improved, 17.1 per cent. have remained stationary and 17.1 per cent. have deteriorated. Of those whose condition has deteriorated since discharge, almost all of them were in the asthma group. Most of the children in the other groups, including this year, a relatively large number suffering from malnutrition and debility, had maintained their improvement six months after discharge.

"A more detailed analysis of the results of follow-up examinations on the 39 asthmatic children is appended. It is of interest to note that, although many of them had slight attacks, *not one* of them had a frank asthmatic seizure throughout their stay at Broughton Tower, and most of them showed no demonstrable evidence of the disease at all. There was an improvement this year, in the number of children who continued to carry out their breathing exercises on return home, but many of them still fail to do so, and the fullest co-operation of the parents must continue to be sought in this regard.

"Of those children suffering from chronic bronchitis there was a fair proportion who remained improved after the six month period. Indeed, in the bronchiectatic group in whom, because of the chronic and often progressive nature of the disease, little permanent improvement can be expected, the number who maintained the progress they had made at Broughton Tower gives grounds for satisfaction."

RESULT OF "FOLLOW-UP" EXAMINATIONS OF ASTHMATIC CASES DISCHARGED DURING 1955 AND UP TO MAY, 1956.

Name.	Sex.	Length of Time after Discharge when Attacks Began.	Frequency of Attacks.		General Condition at Follow-up Examination.	If Exercises are Continued at Home.	Recommendation at Follow-up Examination.
			At Broughton Tower.	At Home.			
T.B.	M	1 month...	Several slight attacks	Fortnightly ...	Stationary ...	Infrequently ...	Ordinary School.
K.O'C.	M	6 months	Nil ...	One in 6 months	Improved ...	No. ...	Ordinary School
B.A.	F	6 weeks ...	Nil ...	Weekly ...	Stationary ...	Infrequently ...	Return to Special School.
N.D.	F	4 months	Nil ...	Daily ...	Deteriorated ...	First few weeks only	Return to Special School.
E.P.	M	5 months	Nil ...	Daily ...	Deteriorated ...	No. ...	Return to Special School.
H.W.	M	3 weeks ...	Several slight attacks	Monthly ...	Improved ...	Infrequently ...	Ordinary School.
A.P.	F	Immediately	Nil ...	Weekly ...	Stationary ...	Yes ...	Special Day School.
J.B.	M	1 month...	Wheezy ...	Every 2-3 months	Improved ...	Yes ...	Ordinary School.
P.L.	M	2 months	Wheezy ...	Infrequent ...	Improved ...	Yes ...	Ordinary School.
D.H.	F	Immediately	Several slight attacks	Every 2-3 weeks	Improved ...	Yes ...	Special Day School.
G.K.	M	Nil	Nil ...	Nil ...	Improved ...	Yes ...	Ordinary School.
B.T.	F	Nil	Wheezy ...	Nil ...	Improved ...	No ...	Ordinary School.
P.K.	M	3 months	Nil ...	Once only	Improved ...	Irregularly	Ordinary School.
R.H.	M	3 weeks	Nil ...	Daily ...	Improved ...	Yes ...	Ordinary School.
G.S.	M	1 month...	Nil ...	Every two months	Improved ...	No ...	Ordinary School.
J.U.	M	Nil	Several slight attacks	Nil ...	Improved ...	No ...	Convalescent Home
A.J.	F	6 months	Nil ...	One attack ...	Improved ...	No ...	Ordinary School.
P.W.	M	A few days	Bronchitis	Weekly ...	Improved ...	Yes ...	Convalescent Home

Name.	Sex.	Length of Time after Discharge when Attacks Began.	Frequency of Attacks.		General Condition at Follow-up Examination.	If Exercises are Continued at Home.	Recommendation at Follow-up Examination.
			At Broughton Tower.	At Home.			
D.B. ...	M	3 weeks ...	Several slight attacks	Weekly ...	Improved ...	No ...	Return to Special School.
D.C. ...	F	A few days ...	Wheezy ...	Weekly ...	Stationary ...	No ...	Ordinary School.
S.L. ...	F	3 weeks ...	Nil ...	Daily ...	Deteriorated ...	Yes ...	Child Guidance Clinic.
K.H. ...	F	2 months ...	Nil ...	Fortnightly ...	Deteriorated ...	Yes ...	Return to Special School.
C.H. ...	F	Nil ...	Nil ...	Nil ...	Deteriorated ...	Yes ...	Convalescent Home.
K.W. ...	F	3 months ...	Nil ...	Two attacks since Discharge	Improved ...	No ...	Ordinary School.
C.L. ...	M	10 weeks ...	Nil ...	3 attacks since discharge	Stationary ...	Irregularly ...	Return to Special School.
J.C. ...	F	1 month... ..	Nil ...	Monthly ...	Improved ...	No. ...	Ordinary School.
P.C. ...	M	Nil ...	Nil ...	Nil ...	Improved ...	No ...	Ordinary School.
B.A. ...	F	1 week ...	Wheezy ...	Daily ...	Stationary ...	No ...	Ordinary School.
L.V. ...	F	3 months ...	Nil ...	Every two months ...	Deteriorated ...	No ...	Return to Special School.
S.V. ...	F	1 week ...	Nil ...	Infrequent ...	Deteriorated ...	Irregularly ...	Return to Special School.
D.P. ...	M	Nil ...	Nil ...	Nil ...	Improved ...	No ...	Ordinary School.
G.D. ...	M	Nil ...	Nil after first week	Nil ...	Improved ...	Irregularly ...	Ordinary School.
J.S. ...	F	Nil ...	Nil ...	Nil ...	Improved ...	No ...	Ordinary School.
A.C. ...	F	Nil ...	Wheezy ...	Nil ...	Improved ...	Irregularly ...	Ordinary School.
E.B. ...	M	Immediately ...	Wheezy ...	Daily ...	Deteriorated ...	Yes ...	Return to Special School.
J.F. ...	M	Nil ...	Nil ...	Nil ...	Improved ...	Irregularly ...	Ordinary School.
K.B. ...	M	Nil ...	Nil ...	Nil ...	Improved ...	No ...	Ordinary School.
B.B. ...	F	5 months ...	Nil ...	Frequent ...	Deteriorated ...	Yes ...	Return to Special School.
B.B. ...	F	2 months ...	Nil ...	Infrequent ...	Improved ...	Yes ...	Ordinary School.

The following report on the children's out-of-school activities is from the matron, Miss G. Ethall :—

"The children returned from their Christmas holiday on January 6th, 1956, with 40 children on roll. We were unfortunate that within a week of their return, more than half the children were in bed with influenza. Several of the staff also suffered, but those remaining on duty carried on uncomplainingly, and everyone looked forward to a good summer with thoughts of picnics and trips to the sea. The staff were very appreciative of the willingness of the Committee to allow them to have swimming lessons, and although the experience gained could not be put to test this year, we all hope for many opportunities in the future. In June, we were again in quarantine for six weeks for chicken-pox, this again limited our activities.

"One of our boys was admitted to Victoria Hospital, Blackpool, and underwent an operation for the removal of the lower lobe of his lung. He returned here within three weeks of the operation and made an excellent convalescence. One feels that the younger the children are when admitted to Broughton Tower, the greater are our opportunities for helping them to make good recoveries.

"The school year closed with the usual Christmas parties. Unfortunately, owing to an outbreak of influenza, visitors to the children's party had to be cancelled. We are, however, grateful to the members of the Ulverston Rotary Club, who very kindly paid for the conjuror and Punch and Judy show which the children greatly enjoyed.

"In 1957 we will be celebrating the 10th anniversary of the opening of Broughton Tower as a special school, and look forward to marking this occasion by some method yet to be agreed.

"Again I would like to express my appreciation of the way in which all the staff have co-operated in ensuring a happy home life for the children here."

The following report on the educational side has been sent by Mr. E. G. Sharples, the head teacher :—

"The school has now completed its first year with three teachers on the staff and the division of the children into three classes is proving most successful. The difficult middle group has now become a unit in its own right and is showing the advantage of teaching directed to its special needs. Each of the other classes has benefitted considerably in that it is now possible to find a closer average of attainment in school work. Teaching has continued to be individual in character, particularly as there has been a lower level of attainment in the majority of children admitted during the past year. The programme arrangement of school work continues to be very flexible and a considerable part of the school time is spent in outdoor activities, which the children thoroughly enjoy."

"The construction of the new Derwent school building was begun in March, but was not completed by the end of the year. In the meantime, continued use was made of the bungalow in the Tower grounds."

DAY SPECIAL SCHOOLS.

The six day open-air schools in Darwen, Eccles, Nelson, Stretford, Swinton and Widnes continue to do most valuable work. There is now in all accommodation for 609 children.

OTHER RESIDENTIAL SPECIAL SCHOOLS AND CONVALESCENT HOMES.

During the year arrangements were made for 71 children, most of them over the age of 11, to be admitted to 12 residential schools under other education authorities and voluntary bodies; 283 children received treatment for periods of one, two and three months at 15 convalescent homes, arrangements for admission being made as a rule through the Manchester and Salford Invalid Children's Aid Association and the Liverpool Child Welfare Association.

PHYSICALLY HANDICAPPED PUPILS.

There are three residential special schools for physically handicapped children, one for girls at Kepplewray, Broughton-in-Furness, one for junior boys at Bleasdale House, Silverdale, and one for senior boys at Singleton Hall, Poulton-le-Fylde. The total number of places is 112. The great majority suffer from crippling defects which are congenital in nature and in about half of these the cause is cerebral palsy.

Bleasdale House.

The following report is from Dr. F. Simm, the school medical officer in clinical charge of the children :—

“ During 1956, there were seven admissions and on the 31st December, 1956, there were 37 boys on the roll.

Age on Admission of Pupils admitted during 1956.

5 years	...	...	...	1	8 years	...	...	...	2
6 years	...	...	...	1	9 years	...	...	...	2
7 years	...	...	...	1					

“ Because of the very nature of their handicap, few children are discharged as fit to return to normal school routine, the majority being transferred on attaining 11 years to Singleton Hall Special School.

“ Of the eight children discharged during the year, four were transferred to Singleton Hall, two were withdrawn at the request of their parents and one boy, following ascertainment under Section 57 (3) of the Education Act, 1944, was discharged as ineducable. One boy was discharged as fit to return to an ordinary school.

“ As will be illustrated later, degrees of handicap vary considerably. In addition many suffer from multiple handicaps, the most commonly associated being educational subnormality, speech defect and physical handicap. It will readily be appreciated, therefore, that very careful individual observation and liaison are necessary from the outset, not only with regard to treatment, but also in order that latent handicaps, which may be of primary importance, are not overlooked. With this in mind, particular attention is given to deafness and visual defects and it is interesting to record that during the year, as a result of close co-operation between the staff, two boys were found to be partially sighted in addition to other handicaps, and it was considered that the primary needs of these children could best be served by attendance at a school for partially-sighted children.”

Classification of Physical Condition of Pupils Inspected during the Year in the Periodic Age Groups.

Age Groups.	Number of pupils Inspected.	Satisfactory		Unsatisfactory.	
		No.	%	No.	%
Entrants	3	1	33·33	2	66·66
Second Age Group ...	...	...	...	...	...
Leavers ... ..	...	...	...	...	...
Additional Periodic Inspections	42	35	83·33	7	16·44
Total	45	36	80·0	9	20·0

“ The percentage of pupils classified in the above table as ‘ Unsatisfactory,’ as would be expected, is very much higher than in ordinary schools.

Number of Examinations during 1956.

Total number of periodic inspections	...	...	...	48
Number of special inspections	...	...	...	69
Number of re-inspections	...	...	...	83

“ The high immunity state of the children against diphtheria has been maintained where necessary by ‘ booster ’ doses. During the year, 18 boys received in-patient hospital treatment (12 orthopaedic and 6 general cases.) Fifty-six children received hospital out-patient treatment (38 orthopaedic cases and 18 general cases).”

Table Relating to Incidence of Throat Infections Commencing During 1st Week of Term.

Term.	Date of return from holidays.	Onset of 1st case.	No. of cases in outbreak.
1st	5th January, 1956	10th January, 1956	19
2nd	10th April, 1956	16th April, 1956	7
3rd	30th August, 1956	31st August, 1956	12

"It is not uncommon for an outbreak of 'sore throats' to mark the first few weeks of term in a residential special school and this is well illustrated in the above table. Five cases of pneumonia occurred in children at Bleasdale House between January and May, 1956 and whilst there is no suggestion that these cases were directly attributable to the above outbreaks, the effect on the general health of such throat infection could possibly have been a predisposing factor. Bearing in mind also the recent outbreak of scarlet fever at Sedgwick House, and though realising the very many practical difficulties involved and the present controversy regarding specific preventative measures, it is felt, in view of the virtual chaos produced in a special school of this type on the introduction of such infection, that in addition to the usual freedom from infection examination, throat swab examination should be carried out before the child returns to school.

"During the year, on the advice of the orthopaedic consultant, nine children attended the Lancaster baths for swimming instruction.

"The speech therapist attended on one full-day per week and 22 boys, of whom 19 suffered from cerebral palsy, received speech therapy. The speech therapist, Miss Paull, reports that :—

'A great aid to treatment, to assess improvement and to stimulate the children's interest in treatment, was the acquisition of a tape recorder for use in this and the other special schools. Twelve of the children with cerebral palsy and dysarthria, of whom seven had very poor speech or no intelligible speech at all, received regular weekly treatment and have started to show some improvement, if only slight.'

"During the year 33 children received regular physiotherapy and seven had shorter periods of treatment. In view of the severity of the handicap in many cases, the very high proportion of cases requiring physiotherapy and the acknowledged need for regular therapy even though the resident staff, within the limitations imposed by their manifold duties, supervise certain set exercises, many children would benefit from regular daily physiotherapy if an additional physiotherapist could be found for this school.

"It is important to observe that every child, even though falling within a definite group for diagnostic purposes, is, from every aspect, an individual problem, demanding individual attention and constantly varying adaptations in care and treatment as growth occurs and capabilities deteriorate or progress.

"For the purpose of illustration, the degree of incapacity and functional disability can be judged by referring to some of the essential practical needs of some of the children :—

Wheel-chairs	...	...	...	...	...	...	10 boys.
Tricycles	...	...	...	...	...	...	3 boys.
Crutches, walking aids, stick and calipers	...	...	...	...	...	...	8 boys.

"In addition, six children need help with feeding and seven with dressing and washing. Others are enabled to partake actively in normal domestic and scholastic life by adaptations of every-day utensils to suit individual needs.

The need for such aids is accepted by the staff as a challenge in as much as they are not looked upon as a solution to a child's difficulties, but only as a temporary measure in many cases, a kind of base-line from which functional capacity can be built up by patient individual care directed to each child according to his mental and physical capabilities."

The following is a joint report of the matron, Miss G. I. Davidson, and the head teacher, Miss H. Brown :—

"A change in the daily routine was made just after the Easter holiday. It was decided to experiment with a longer morning session from 9-30 a.m. to 12-30 p.m. with afternoon school from 2-30 to 4-0 p.m. From the outset it was obvious that the children benefitted from this experiment. Another change occurred during October when the infants and nursery class moved into the new classrooms across the road from the main building. The two junior groups took over their vacated classrooms, thus leaving the hall free for assembly and recreational purposes only. This move has given the children a great deal of pleasure and a new interest in

their surroundings. They have more scope for their activities both in and out of school and the division of the school into two departments has lessened the congestion in the house. The addition to the staff of two housemothers has made it possible to give extra time to the needs and demands of the smallest children and to the most handicapped boys.

"During the year there have been visits to the pantomime, the Morecambe illuminations, and Blackpool. There have been several coach trips and picnics in the neighbouring countryside. There was an enjoyable day during the Whitsum holiday when the boys and staff of Singleton Hall joined us for a picnic tea in the garden, followed by sports and games; and again on two occasions when children from Sedgwick House visited us. Later some of our boys paid a return visit to Sedgwick House on their sports day.

"The summer outing was different this year. In July, the youngest children went by train and boat to Ambleside and at a later date the older boys were able to undertake a longer trip by coach to St. Annes. This was at the invitation of the Rotary Club. Both outings were a great success. Another treat for some of the older boys was a tea party and entertainment at Grange arranged by members of the Inner Wheel.

"The Cub pack now has 21 members who give the Cub Master from Lancaster an enthusiastic welcome each Wednesday evening. Scouts from other areas have made contact with the boys and often call to see them at weekends and when they are at scout camps in Silverdale. The Blackpool scouts, in particular, take a great interest in the boys. In July, they took us by coach to Blackpool, gave us lunch and tea at their headquarters and a wonderful afternoon at the Tower Circus. We ended the day with an impressive Cub Camp Fire and a Sing-Song.

"Eight boys sent exhibits to Silverdale Show this year and were awarded prizes for their work. Every boy was able to take part in the Christmas concert which was given for their parents on visiting day, and again on party day."

The following is a summary of the diagnoses of the 44 boys at the school during 1956 :—

Cerebral palsy	...	...	...	...	...	...	...	19
Old poliomyelitis	...	...	...	...	...	...	...	5
Pseudo hypertrophic muscular dystrophy	...	...	...	...	...	...	...	8
Spina bifida	...	...	...	...	...	...	...	3
Perthe's disease	...	...	...	...	...	...	...	1
Congenital shortening of tendons of hamstring muscles	...	...	...	...	...	...	...	1
Congenital tumour of the cord and lymphangioma	...	...	...	...	...	...	...	1
Congenital Amyotonia	...	...	...	...	...	...	...	1
Fragilitas ossium	...	...	...	...	...	...	...	1
Hydrocephalus	...	...	...	...	...	...	...	2
Post encephalitic state	...	...	...	...	...	...	...	1
Glioma of the Pons	...	...	...	...	...	...	...	1
								<hr/> 44 <hr/>

Kepplewray.

The following is a joint report of the matron, Miss N. E. Dent, and the head teacher, Miss G. E. Abraham :—

"During the year the school had its full complement. Three girls left, two to go to St. Loyes Training College, Exeter, for further training and one to attend a school as a day pupil. There were three admissions.

"The work in the school has continued in three classes, the teachers specializing in their own subjects. The disparity in mental ability of the girls in the senior class has been so great that they have had to work in two groups. The task has been to see that the pace of progress of the girls of good ability, has not been slowed down by the fact that so much of the teacher's time had to be spent with the backward ones, who formed 50 per cent. of the class. The results have been encouraging as all have made a start in the basic subjects, though some of the girls have severe spatial difficulties through lack of co-ordination and poor use of their hands.

"Housecraft lessons now form part of the curriculum for senior girls able to profit from such instruction. Miss I. Hunter was appointed part-time teacher for this subject and since May, 12 girls have been having lessons in cookery and laundry each Friday at the Practical Subjects Centre, Broughton Tower. In spite of the inconvenience of the room and unsuitability

of the furniture for handicapped girls they have shown considerable aptitude. They have benefitted from learning to make things which will help them to be more useful at home and to use their hands more skilfully. They take a real interest in these lessons and enjoy bringing the results of their efforts in cookery for the other girls to sample.

“ Lessons in piano playing have been started as an “ after school ” interest, with a visiting teacher. Of the four girls who are learning, one, embittered by her disability, caused by an accident, has found great satisfaction in this new outlet and all are very keen and making good progress.

“ Most of the parents have visited regularly and on ‘ Visitors’ Day ’ held in June, there was a display of art, crafts and needlework done by the girls. Their books also were open to inspection.

“ The Guides have met weekly under the captaincy of Miss M. Hewitt. They number 16 and of these four have gained their 2nd Class, two qualified for proficiency badges in needlework and one in knitting. All the girls joined the ‘ Cubs ’ in a ‘ district ’ Wolf Cub party held in Keppleway grounds in June to celebrate the completion of 40 years of ‘ cubbing.’ The guides and cubs showed some of their games and activities. Visitors included friends and parents of those taking part.

“ To mark the 5th anniversary of our opening in May, we had a birthday party and were joined by boys from Bleasdale House and Singleton Hall. In perfect summer weather tea was served out of doors and this was followed by games, races and competitions.

“ During the Whitsuntide holiday, the girls enjoyed a coach trip to Haverigg. Once again we were indebted to the members of Barrow Rotary Club for a delightful summer outing which took the form of a coach and steamer trip to Bowness and Windermere. Entertainments have been provided by members of the R.A.F.A. from Millom who kindly brought over a concert party on a Saturday afternoon. Representatives from British Railways have given two film shows which were very much enjoyed.

“ At the Christmas party and concert, the girls sang carols and songs, won much applause for their percussion band playing and acted a play in costume. Two girls gave piano solos and a duet.

“ The year 1956, was a very interesting one in which most of the girls improved considerably both educationally and in achieving some measure of physical independence.”

The following is a summary of the diagnoses of the 40 girls at the school during 1956 :—

Cerebral palsy	...	...	...	...	...	...	...	22
Congenital heart disease	...	...	...	...	...	...	...	3
Old poliomyelitis	...	...	...	...	...	...	...	1
Fragilitas ossium	...	...	...	...	...	...	...	2
Still's disease	...	...	...	...	...	...	...	2
Recto-vaginal fistula	...	...	...	...	...	...	...	1
Hydrocephalus and dwarfism	...	...	...	...	...	...	...	1
Amyotonia congenita...	...	...	...	...	...	...	...	2
Osteochondritis	...	...	...	...	...	...	...	1
Spina bifida	...	...	...	...	...	...	...	2
T.B. dorsal spine	...	...	...	...	...	...	...	1
Osteogenesis imperfecta	...	...	...	...	...	...	...	1
Infantile myelopathy	...	...	...	...	...	...	...	1
								—
								40
								==

Miss Paull, speech therapist, reports as follows :—

“ At this school 10 girls received speech therapy during the year, of whom nine were cases of cerebral palsy. Regular tape recordings of the girls’ speech were made, and both the children and I were pleased to note improvement over the year. This impression of general improvement was shared with other members of the school staff, for, both the house and teaching staff take an interest in speech therapy. At the end of the year it was found that three of the girls no longer required regular treatment. They are, however, kept under supervision and seen occasionally. It is of interest to note that, as yet, none of the girls admitted to this school have speech defects as severe as those found in similar cases in the boys school.”

Singleton Hall.

The following is a joint report of the matron, Miss L. E. Cooper, and the head teacher, Mr. J. H. Fortescue :—

“ During the year we have seen some very marked improvements in the boys physical handicaps. A combination of treatment and training, linked with their own determination to be self reliant, has brought some very gratifying results.

“ Considering the low average intelligence of the boys, the general progress in attainment has been good. The ordinary work of the school has been supplemented by the B.B.C. Educational Broadcasts as well as the craft side of the curriculum. Some of the Art and Woodwork has been of a very high standard, when the disabilities of the pupils are taken into account. This applies also to the basketry and other light crafts. Gardening is now part of the timetable during the better weather, and one or two of the plots have shown very good promise of gardeners-to-be.

“ Quite a number of outside contacts have been made this year. Two student teachers came for separate periods of two weeks each and we had many interested visitors including an educationist from Nigeria. Due to the interest shown by the Lytham Rotary Club, 12 boys were able to visit the Blackpool *Gazette and Herald* printing works. We were shown over the whole records and printing department. As a result of the success of this venture, we plan to make further educational visits of this kind to various local establishments. We have to thank the committee of the Blackpool ‘Candy Ball’ who presented us in May with an Argosy radiogram. It was a very unexpected and much appreciated gift, which has already seen much service.

“ In March of this year, eight of our boys were confirmed by the Bishop of Blackburn at a special service at Singleton Church. The parents and friends of the boys were able to be with them and spend some time with the bishop at Singleton Hall before the confirmation service.

“ At the week-ends a number of the boys are often seen out with a long tricycle and bicycle ‘crocodile,’ accompanied by a member of the staff. In this way the boys have acquired a good road sense and a valuable knowledge of nature study whilst on these outings. A P.T. class has been arranged for the more able boys and visits to the swimming baths have been much enjoyed. Miss Parkinson has very kindly given up an evening each week to take a typing class and some of the boys have achieved a very creditable standard of efficiency. The scout troop is now well established. The scouts have worked hard to pass their tests as their ability allows.

“ Once again we are very indebted to friends round and about us for many generous and kindly gestures given to the boys. Especially do we appreciate the continued interest of the Lytham Rotary Club. We are indebted to them for a visit to the pantomime in Blackpool followed by tea with the stars of the show. In July, we became their guests for a wonderful outing to Grange-over-Sands for lunch and tea with an afternoon steamer trip on Lake Windermere. In September we were again invited to join with the boys from Bleasdale House, for a matinee performance on the St. Annes Pier, followed by tea given by the Pier Company. We are very grateful to all that our Lytham Rotary friends do for us. A “Sleyride” electrically driven wheel chair is on order for us as the result of a concert given in Lytham for this purpose. More than £100 was raised.

“ During the Whit-week break, we were the guests of the Blackpool Tower Company for a circus performance. The Poulton Rotarians provided transport on this occasion. On Whit Tuesday we had a happy picnic party at Bleasdale House. Our boys are always very pleased to visit their ‘old school’ and we hope that the Bleasdale House boys may be able to pay us a return visit. As an innovation this year we took a party of our boys further afield to join the girls at Kettlewell for their anniversary party. This was also in Whit Week. After a somewhat shy start a very happy afternoon and evening was spent with games and races.

“ We would like to enlarge on many other gifts and treats which the boys have received but space will not allow. Amongst them, however, the Weeton Camp Christmas party and the gift of a film strip projector and seven adjustable overbed tables of the hospital type for the use in the downstairs dormitory should be mentioned.”

The following is a summary of the diagnoses of the 39 boys at the school during 1956 :—

Cerebral palsy	...	...	...	...	...	...	...	21
Pseudo hypertrophic muscular dystrophy	...	...	...	...	...	...	...	8
Old poliomyelitis	...	...	...	...	...	...	...	2
Haemophilia	...	...	...	...	...	...	...	2
Heart disease	...	...	...	...	...	...	...	1
Spina Bifida	...	...	...	...	...	...	...	1
Congenital talipes equino varus	...	...	...	...	...	...	...	1
Electrical burns, hands and forearm	...	...	...	...	...	...	...	1
Congenital Amyotonia	...	...	...	...	...	...	...	1
Fragilitas Ossium	...	...	...	...	...	...	...	1

The speech therapist, Miss Paull, reports as follows :—

“Sixteen of the boys, all with cerebral palsy, resident at this school received speech therapy during the year. All the cases of dysarthria received regular weekly treatment. The patient who acquired cerebral paralysis at the age of nine years, and who was admitted to this school with anarthria and aphasia towards the end of last year, can now make most sounds of speech, though some have to be manipulated. He is learning to put them together in ordinary speech, but he frequently reverts to sign language. He appeared to make a spontaneous recovery from the aphasia.”

EPILEPTIC PUPILS.

Most children suffering from epilepsy are able to attend an ordinary school because their attacks are adequately controlled by medical treatment or they may not occur in the daytime. Only those children whose symptoms, in spite of treatment, prevent them from receiving their education in ordinary schools, need to be admitted into a special school.

Sedgwick House.

The Committee opened Sedgwick House in 1951 as a special residential school for epileptic pupils. All epileptic children in the County who need special education of this kind attend the school, except a few who have been in other schools for long periods and whose transfer was considered to be inadvisable.

Reports follow from the school medical officer in clinical charge of the children, the matron and the head teacher :—

Dr. F. Simm, the school medical officer in clinical charge of the children, reports as follows :—

			No. of Admissions.		No. of Discharges.		No. on 1st December.
1954	...	...	14	...	7	...	31
1955	...	...	21	...	8	...	44
1956	...	...	11	...	9	...	46

Age on Admission of Pupils admitted during 1956.

5-6 years	...	...	...	...	...	...	1
6 years	...	...	...	...	...	...	1
7 years	...	...	...	...	...	...	—
8 years	...	...	...	...	...	...	3
9 years	...	...	...	...	...	...	1
10 years	...	...	...	...	...	...	1
11 years	...	...	...	...	...	...	1
12 years	...	...	...	...	...	...	1
13 years and over	...	...	...	...	...	...	2

“The average age on admission was 9.3 years. A study of their case histories suggests that the factors determining the need for admission to such a residential special school existed in many cases for a considerable time before admission. It is clearly of advantage for parents to appreciate the importance of early admission.

“Of the nine discharges, five were children of school leaving age, one child died at home during the holidays, one was removed at the request of his parents, and two owing to very marked behaviour disorders which demanded a different form of care. Six children were successfully controlled by treatment for a sufficient period of time to enable a recommendation to be made at the end of the year that they should be discharged. Such a sequel to their stay in the school is of course highly desirable.

“*Case 1.*—This child was admitted to Sedgwick House in March, 1954, the family history was not good, the mother was stated to be ‘rather backward’ and one brother was in a mental institution. The child himself was said to have suffered from convulsions since birth, the seizures were both major and minor in type and the frequency prior to admission was said to be two to three major attacks each month with an indefinite number of minor attacks. In addition to his epilepsy he was found on admission to suffer from a behaviour disorder. Following a period of observation a re-adjustment was made in his management and treatment, and from the date of admission until February, 1955, he only had two major seizures but he continued to have up to 50 minor type seizures per week. Since the latter date, however, and following a further change in therapy, except for two occasions when he had been home on holiday and probably had not received adequate anti-convulsant therapy, he has remained free from fits and behaved normally.

“*Case No. 2.*—This child was admitted to Sedgwick House in October, 1954. The home conditions appeared to be satisfactory and there was nothing relevant in the family history. He had pneumonia at the age of two years and again when aged five years. The age at onset

of his epilepsy was six years and there appeared to be no known cause. The fits themselves were stated to be major in type and to have averaged about three per month and he was said to be 'aggressive and bad-tempered.' On admission, however, he was found to be having from five to 20 major seizures and from 15 to 25 minor seizures per week. In addition his epilepsy was found to be associated with behaviour problems. Various anti-convulsants were given a trial without benefit and it was not until July, 1955, following a complete discontinuation of all previous therapy and the institution of an entirely different therapeutic line of approach that a satisfactory result was achieved. Following this he has remained free from attacks and his behaviour is now apparently normal. An E.E.G. report on this pupil immediately prior to his suggested discharge, although still indicating the presence of some instability, no longer produced a typical epileptic record. It did, however, serve to indicate the need for continued use of anti-convulsant therapy at home.

"Early in 1956, arrangements were made for the introduction of electro-encephalographic investigations and for their invaluable help in this respect thanks must be recorded to Dr. Parker and his staff in the E.E.G. Department at Whittingham Hospital. By the end of the year all the pupils had been so investigated and in certain cases, where necessary, a second E.E.G. had been carried out. Such investigation is not only an invaluable adjunct to clinical diagnosis and investigation of the type and cause of epilepsy but it serves also to record the response to treatment. In two cases a possible intracranial organic cause for the epilepsy was demonstrated when this could not be detected by clinical methods. The two children concerned later attended a neurological unit.

"The type (as defined in the report for 1955) and the number of medical inspections and examinations were as follows:—

Total Number of Periodic Inspections	...	...	52
Number of Special Inspections	...	...	235
Number of Re-inspections	...	...	86

"It is again noteworthy that approximately half of the pupils were found to be suffering from psychological disturbances and behaviour problems associated with epilepsy, and in addition some of the pupils also suffer from significant intellectual defects. It will be obvious, therefore that work with such children demands the highest qualities in resident staff. Experience has shown that a child need not be precluded from attendance at Sedgwick House, even where a known marked behaviour disorder exists, which might turn out to be non-epileptic in origin, so long as it is accepted for a trial. Such a condition is necessary not only in the interests of the particular child but also in the interests of the other pupils, since a lack of response and the continuance of marked anti-social behaviour has a disturbing influence on the whole school for a very considerable time even after such a child has been discharged. Bearing in mind the high incidence of such behaviour disorders it is remarkable that only two such cases had to be discharged during the year following such a trial, both of whom were subsequently ascertained as mental defectives.

"The incidence of speech defects in relation to the number of pupils remains high and one of the speech therapists is now attending.

"In addition to treatment of defects found at periodic and special inspections over 200 miscellaneous ailments received attention. An outbreak of diarrhoea and vomiting affecting 17 pupils and a number of staff occurred in April. The symptoms were mild, the illness itself lasting for only 48 to 72 hours, no organisms were isolated from faecal specimens and the outbreak was presumed to be due to virus infection.

"Illnesses of a more serious nature included asthma (1), diabetes (1), pneumonia (2) and status epilepticus (5). In addition, in September, there was an outbreak of scarlet fever in which 12 of the children and one member of the staff were involved. All made uneventful and complete recoveries.

Classification of Physical Condition of Pupils Inspected during the Year in the Periodic Age Groups.

Age Groups.	No. of Pupils Inspected.	Satisfactory		Unsatisfactory.	
		No.	%	No.	%
Entrants ... ..	...	...	...	...	...
Second Age Group ...	...	...	...	...	...
Leavers ... ..	...	...	...	...	...
Additional Periodic Inspections	52	50	96.1	2	3.9
Total	52	50	96.1	2	3.9

“The percentage classified as unsatisfactory is somewhat higher than the corresponding figure for ordinary schools.

“The following table relates to children who attended Sedgwick House at any time during 1956. In compiling this table the patient's previous record of incidence and severity of seizures was used as a control.

Effect of Treatment on Epileptic Children attending Sedgwick House during 1956.

Type of Seizures.	Controlled (No of seizures in 1956).	Much Improved.	Improved.	No Change.	Worse.	Total.
General Mal ...	2	...	...	1	...	3
Minor ...	3	1	4	4	2	14
Mixed (Grand Mal and Minor) ...	4	3	10	15	3	35
Total ...	9 (17·3%)	4 (7·5%)	14 (26·9%)	20 (38·4%)	5 (9·6%)	52

“As shown by the above table, response to treatment has again been very encouraging. In all just over 51 per cent. of the children improved during the year. In addition it should be pointed out that a considerable proportion of those children in whom ‘no change’ has been recorded are stabilized on treatment. The treatment and care of those pupils who are not so stabilized or who are recorded as being ‘worse,’ is continually under review and re-adjustment dependant on response.

“The year has served further to emphasize the multiplicity of epileptic manifestations, particularly with regard to the diverse types of seizures and the many variations from time to time in the character of these seizures even in the same patient.

“A recent Committee on the Medical Care of Epileptics has suggested that patients might be classified in relation to their needs rather than by type of seizure. The classification adopted was as follows :—

“(1) The patient whose epileptic attacks, with or without treatment recur frequently ; who suffers from no other demonstrable disease in the brain or elsewhere ; and who shows no significant intellectual defect or abnormality of behaviour.

“(2) The patient who, in addition to his epilepsy, suffers from significant intellectual defect and/or physical disability (*e.g.* cerebral palsy).

“(3) The patient with epilepsy who does not suffer from mental defect in the usual sense (*i.e.*, who is not of low intelligence) but who has serious behaviour disorders which render normal life in society difficult or impossible.

“(4) The patient who suffers from very frequent epileptic attacks which are difficult or impossible to control by treatment.

“In general it can be said that the majority of pupils at Sedgwick House fall into the last three categories, but there is a considerable degree of overlap within these groups. It is satisfactory to record, therefore, that our primary aim has been achieved in rendering the patient free from attacks and returning him to normal life in a higher percentage of cases than in any previous year at Sedgwick House. This enabled a recommendation to be made at the end of the year that 11·5 per cent. of all pupils at Sedgwick House during 1956 should be discharged as being completely free from clinical seizures.”

The following is a joint report by the matron, Miss J. Sharp, and the head teacher, Mr. D. W. Norton :—

“The year 1956, has been one of consolidation of the existing organisation and routine with some extension of the special activities and interests of the children.

“During the year, the number of children on roll increased from 44 to 46, 11 being admitted and nine discharged. Of the latter, three were eligible for employment or further training and through the local youth employment officer arrangements were made for their future. One girl was accepted for a Ministry of Labour Training Course in shorthand and typing at Lingfield.

“Four of the children admitted were from other education authorities who are making increasing use of the facilities at Sedgwick House.

“The average intelligence factor of new entrants has been higher than in the previous year but the age on enrolment has also been somewhat higher. It is imperative that early diagnosis be made, if possible, if the children are to gain full benefit from the remedial treatment and training. It was gratifying that at the close of the year six children, who had by then spent an average of two to three years at the school, were able to be discharged as controlled

and to return to their homes and normal life. The departure of the two boy house captains who have shown a measure of leadership has left a gap, but the continuance of the monitorial system will, it is hoped, produce other leaders.

"The school routine and organisation remains as hitherto except that after the summer term the class-grouping was adjusted to accommodate the greater preponderance of boys to girls now in the ratio of 32 to 14. Mrs. Seddon who was appointed to the staff on 1st January, has had charge of the girls group and is responsible for needlework, cookery and country dancing.

"Miss J. Sharp, Matron, and Dr. F. Simm, attended the Conference of the British Epilepsy Association.

"The regular activities of the school now include the following :—

The daily service.

The annual sports in June which is now also the re-union. The school has received a handsome sports trophy to replace the previous one. This has been donated by the Leigh St. Paul's Women's Group through the good offices of one of 'our' parents.

The monthly visiting day.

Films, including this year the classic 'Genevieve.'

The summer excursion to Grasmere and The Tarns. A senior climbing excursion was included in the programme.

The pantomime visit in January.

Visit to Morecambe illuminations in September.

Badminton. Some of the senior boys and girls are members of the Sedgwick Sports Club.

The sale of work which raised a good sum for the children's benefit.

The Christmas fancy dress party.

Visits to Arnside, Sandside, Kendal and the surrounding countryside.

Cricket and football matches played by school teams against Dr. Barnardo's Home and the Milnthorpe Senior Modern School.

"The above comments are some of the more positive and hopeful signs of the activities at Sedgwick House School. It is realised, however, that our work will always present problems and difficulties incidental to the type of pupil and their treatment and training.

"The evidence is that most of the children do show positive benefit over a period and most of them should be able to adapt themselves to a normal future and have a reasonable chance of employment and family life."

MALADJUSTED PUPILS.

Once serious maladjustment has developed it is important that everything possible should be done to deal with the situation. The child guidance clinic is an essential feature of the treatment services which should be available and, bearing in mind the widely experienced difficulty in recruiting trained staff, it is satisfactory that in the County area the Committee's three clinics have been maintained. These have been fully staffed, with the exception of that at Huyton where for some years the services of a psychiatric social worker have been almost entirely lacking. The children attending these clinics remain at school.

Some seriously maladjusted children can only be satisfactorily treated away from their home environment and most of these are placed in special schools or hostels. The Committee's boarding home, "Brynbella," is doing excellent service in this way. Reports follow concerning the home and all three clinics.

The following is a report from Dr. Dale :—

"Brynbella, the boarding home for maladjusted boys, entered its second year after re-opening, fully staffed with warden and matron, and assistant warden and assistant matron. In spite of the disturbance caused by structural alterations and major repairs to some of the walls in the building, the number of resident boys could be increased from eight, at the beginning of the year 1956, to 17 during the year; towards the end of the year four boys were discharged, so that 13 were left resident on December 31st.

"In October, however, the assistant warden and assistant matron left the hostel in order to take up a position in the South of England. We were fortunate in being able to bridge this gap, even if only partly, after a few weeks. The staffing difficulties which exist generally in this field of work are a national feature, and make the work of the warden specially hard at times.

"The children who are recommended for environmental adjustment, are very severely disturbed, and need a great deal of supervision, patient handling, and understanding. The day's work stretches far into the evening, and supervision is necessary long after the boys' bed time.

"In addition to the routine supervision of the maladjusted boys, we had several cases of illness during which the patients were looked after in the sick bay. Unless a boy needs hospital treatment, or isolation on account of infectious disease, we find it better to keep him at 'home' so that both child and staff can experience the personal inter-relationship, under conditions which bring them closer together. These children whose family background has been that of a broken home, of problem family, or of other gross instability, are in great need of the personal and physical, as well as the educational and psychological care by the grown-ups who look after them. In this way they can develop a full child/parent relationship, which is most important for the improvement in their development.

"Structural alterations were carried out in so far as two dormitories were divided into several cubicles by partitioning. In this way facilities were provided for some boys to have privacy, and sleeping accommodation which compares more favourably with normal accommodation than a dormitory. In a very short time we experienced the beneficial effect of this. To be given a cubicle was felt as a privilege by the boys who were chosen for it, and we found the difficult symptom of bed-wetting was favourably influenced by this.

"As far as psychiatric treatment was concerned, I continued to visit the hostel once a week, every boy was discussed with the warden regarding handling and behaviour difficulties. As the number of the boys increased, it was necessary to change from weekly interviews for psychotherapy, to fortnightly interviews. I arranged for the warden to accompany three or four boys, on another day, to the Whitefield clinic, where I could see them, and give them psychological treatment, in a group, or individually, according to need. Thus a flexible system was worked out which enabled me to carry on with regular treatment interviews despite the increased numbers.

"Most of the boys resident in Brynbella show improvement, although it is inevitable that sometimes, after several weeks of observation, a severely maladjusted boy has to be discharged as unsuitable for this hostel. This happened during the year in two cases. For one boy a place in a residential school had to be found, another boy needed observation in a mental hospital. One boy, who is under the guardianship of the Children's Officer, reached the age of 15 after having been resident in the hostel for one year nine months. He had improved very much in his personality, and was placed in a hostel for working boys, from which he goes out to work.

"Unfortunately we still have no psychiatric social worker, who could do the necessary work with the parents of these maladjusted children, therefore, we often notice a setback in the boys behaviour after their return from a visit to their parents.

"I would like to take this opportunity to thank Mr. and Mrs. Peters for their untiring effort and enthusiasm; in spite of great difficulties at times, they have managed to create a homely atmosphere for the children.

CHILD GUIDANCE CLINICS.

There are three clinics in the County area, at Huyton, Whitefield and Preston, each with a psychiatrist as medical director.

The following is a summary of the work done at the three clinics during 1956 :—

Number of Pupils.	Huyton.	Whitefield.	Preston.	Total.
Referred	41	189	77	307
Withdrawn from register	5	19	7	31
Given diagnostic interview	33	81	66	180
Found suitable for Clinic treatment ...	19	26	42	87
Unsuitable for Clinic treatment ...	14	55	24	93
Attended for treatment	18	78	40	136
Treatment completed	15	50	27	92
Much improved	6	22	12	40
Improved	4	16	7	27
No change	5	12	8	25

There are many reasons for unsuitability for clinic treatment, the chief ones being educational sub-normality and the impossibility of establishing co-operation with the home. Pupils not put on the waiting list for clinic treatment are often recommended for special schools for educationally sub-normal pupils or for schools or hostels for the maladjusted, or occasionally for mental hospital treatment.

Huyton.

Dr. Louise Devlin, psychiatrist, reports on the Huyton Child Guidance Clinic, as follows :—

“ The referrals for the year include only a few behaviour problems—which is rather unusual. A number of children were referred because they refused to attend school, or had extreme difficulty in doing so. These cases illustrate an axiom well known in child psychiatry, *i.e.*, that the problem as referred gives no clue to the real source of difficulty. In one of these cases the mother, owing to the fact that she was suffering from a depressive attack, was, naturally quite unable to give the child adequate security. In another, the child was in an extremely anxious state, as his mother had been seriously ill in hospital, and he was acutely afraid that she might have to go back ; he was, therefore, afraid of leaving her to attend school.

“ During the year the psychologist has tested 366 children, of whom 33 were seen as part of the general diagnostic procedure. Two hundred and eight children referred by the medical officers *via* the schools were given individual intelligence and other tests to assess their suitability for education in the new day special school for E.S.N. children, which has opened in the area. Of these, 109 were recommended to the assistant divisional medical officers as suitable for this type of education. These recommendations were made on the information derived from the individual tests, interviews with children and parents, and assessments of the child by his teacher, and the head teacher. One aspect of this work has been the amount of close contact, which it has involved with the schools in the area, a contact, which, one feels, has been very beneficial on both sides. We have been very grateful for the co-operation given by the schools not only in connection with this selection of children for special education, but also in the other aspects of the clinic's work, where the active interest of the school is of such help.

“ A few young children under the age of five years, were given psychiatric treatment during the year, and were found to respond very well. We do feel that these young children are very rewarding as clinic cases, since their emotional problems are less set than in the older age groups. Of the cases seen at diagnostic interview 14 were found to be unsuitable for treatment. It must be remembered, however, that some of these were previously known to be unsuitable for treatment, and were, therefore, referred for diagnosis and advice only.

“ The difficulty of obtaining the services of a psychiatric social worker continues to be a serious problem, though at the end of the year it appeared likely that part-time services would be available for one or two sessions a week.

“ We would again like to express our appreciation of the loyal support which we continue to receive from the staff of the Education and Children's Departments.”

Preston.

Dr. Devlin also reports on the Preston clinic :—

“ During this year, the usual four psychiatric sessions have been worked each week at this clinic, with an additional session at fortnightly intervals. This additional session has been devoted mainly to diagnostic work, as there exists, at this Clinic, a longer waiting list for diagnosis than for treatment.

“ A discouraging feature of the year's work has been the number of children showing psychopathic trends, who, because they also had neurotic difficulties, were taken on for a trial of treatment. These cases have proved very disappointing, as the basic inadequacy of these children's personalities prevented them from responding to psychotherapy. Even when the neurotic difficulties can be relieved, the diminished guilt feeling, so characteristic of the psychopathic personality, greatly limits the capacity of these children to benefit from psychiatric help. It is hoped that further research will throw more light on this great social problem. Many such children are finally sent to approved schools.

“ Three children who needed treatment in a hospital psychiatric in-patient unit have been seen during the year. It is very distressing that there is still no such unit in Lancashire, or even in a neighbouring county, and we have to send these children to distant parts of the country. This increases the difficulties of the hospital staff who treat such cases, as it is not possible for them to see the parents frequently, as they would wish to do. One of these children, who has been in hospital twice during this year, is an interesting but very difficult case, and the question of a long-term placement for her is a difficult one. She is an adolescent girl, whose mother is mentally ill, and it is not, therefore, possible for the Children's Department, in whose care she is, to consider sending her home. This girl is grossly hysterical, but has had at least two serious episodes, during which she had shown definite signs of mental illness,

She recovers quickly from these episodes, but was not, unfortunately, able to settle in the only school for maladjusted children which would even consider admitting her. She is too disturbed for an approved school, and we feel that she may eventually reach the stage when she will have to spend most of her time, if not all, in a mental hospital. This girl presents one of the most difficult problems which I, personally, have seen in a long experience of child guidance work.

"As was the case last year, a number of serious marriage problems were in evidence, and the severity of these problems makes it very difficult for the children to benefit from psychiatric help. A severe neurosis in one partner, or in both, is usually at the root of these problems.

"The number of cases seen by the psychologist during the year was 387, of which 59 were clinic cases, and 92 were seen on behalf of the Children's Department. The remainder were, of course, seen at school clinics and, in some instances, home visits were carried out. The total number of cases seen is approximately the same as the number seen last year. This gives the impression that under present conditions this figure represents the maximum number of cases which can be dealt with.

"In addition to the children referred to the psychologist from the neighbouring areas of the County served by this clinic, 43 children were seen this year in another part of the County, in connexion with recommendations for special educational provision for educationally sub-normal children. Also, at the request of the psychiatrist in charge of "Brynbellia," intelligence tests were given to a few children at the hostel.

"Our psychiatric social worker reports that, in the early part of this year, she interviewed a certain number of mothers who were unwilling to attend the clinic, but, after this, the mothers were found to be more co-operative.

"We very much appreciate the valuable help and co-operation which we continue to receive from the staffs of the Education, and Children's Departments."

Whitefield.

We were very sorry indeed that Dr. Gostynski had to give up his work at the Whitefield Child Guidance Clinic on account of illness. He was the psychiatrist in charge of the clinic from its inception at Failsworth in 1947 and after its transfer to Whitefield, and we are very grateful for all his services.

Dr. Maria Dale reports on the clinic as follows :—

"The work of the clinic was severely curtailed owing to Dr. Gostynski's illness. He was unable to attend the clinic from May 8th and resigned at the end of the year. The cases he had in treatment had to be suspended and the waiting list for first examination became unusually large. From June 6th I was able to give one more session, apart from the regular treatment session per week, in which I saw cases for diagnostic interviews. Usually two diagnostic sessions are held per week and unless special circumstances intervene four new cases can be examined each week. Due to this year's disruption the number of cases dealt with has markedly fallen. Fortunately that part of the clinic work concerned with the follow-up scheme could be continued. The psychiatric social workers used the time profitably carrying out more visits to the patients homes and the schools than would have been possible under regular working conditions of the clinic.

"During the year the need arose for the educational psychologist to carry out intelligence tests in connection with the assessment of children for admittance to Walkden Day Special School, in addition to the routine work in the clinic. This was possible and could be fitted in easily while the clinic was not functioning at its full rate.

"Several talks have also been given outside the clinic to groups of parents and teachers in infant and nursery schools.

"It has been an established custom of the Whitefield Clinic to invite representatives of the various agencies who refer children for examination to be present at the regular case conferences. We endeavoured to keep this very helpful contact with the referring agencies."

SPEECH DEFECTS.

Speech therapy was carried out by 13 speech therapists, two of whom were part-time, and the number of clinics has been increased from 39 to 43.

We are glad to have the services of so many speech therapists, who now carry out their valuable work in most parts of the County and also in the special schools. The gaps in the service are few and there is every prospect that sufficient therapists will very soon be available to meet our needs.

Every effort is made to strengthen the link between the speech therapists and the parents and the school. Many therapists visit the homes when possible. This is of particular help when children attend the clinic without their parent—usually because both parents are at work. It is important that the progress of each child should be discussed with the parent week by week and when there is no opportunity to do this at the clinic, advice and encouragement can be given by visiting the home. These visits also give to the speech therapist a more complete picture of the child in his immediate environment, so necessary, as one therapist remarks, if they are "to treat the individual child and not merely the defect."

Visits to schools have always been regarded as a valuable part of the speech therapists' duties. The teachers can help greatly if they have some understanding as to what is being attempted in the treatment. It is not always possible to make these personal visits but the interest and co-operation of the teachers is shown by the keenness with which they ensure the regular attendance of unaccompanied children.

The tape recorders now available for the use of the speech therapists have been received enthusiastically, and are a source of enjoyment and a thrill to the children. One therapist remarks that "stammerers when they heard their recording played back were surprised and encouraged to find that their speech was not nearly so bad as they had feared, and they went away with much more incentive to eradicate their stammer completely. Children with some dyslalia heard how unintelligible their speech was and they determined to make more effort in future to improve their speech." We find, too, that shy children are encouraged to come out of their shell and talk more. The value to the therapists and to the children in actually hearing a record of progress is, of course, obvious.

One or two therapists report that some of their old pupils pay them visits after they have left school, indicating how close the bond can be between the two in this important and very personal work.

The following is a summary of the work done at the various centres :—

CLINIC.	No. attending for treatment.	Discharged cured.	Discharged improved.	Treatment suspended.	Ceased attendance.	Still attending.
Accrington	25	4	4	1	2	14
Ashton-in-Makerfield	37	9	1	2	6	19
Ashton-under-Lyne (Richmond House) ...	105	13	8	11	4	69
Banks	17	3	3	1	1	9
Chorley (St. Thomas' Square)	56	9	2	2	5	38
Crosby (Alexandra Hall)	40	10	...	2	3	25
Crosby (Prince Street)	49	10	3	4	11	21
Darwen	47	9	1	1	8	28
Davyhulme	65	13	5	12	2	33
Denton	53	5	5	3	2	38
Droylsden	35	3	4	5	...	23
Earlestown	15	1	...	...	...	14
Eccles (Hyde Lodge)	20	1	...	...	3	16
Failsworth	33	...	...	33	...	...
Fleetwood	30	7	1	3	2	17
Golborne	8	...	...	...	...	8
Haydock	4	...	...	...	...	4
Heywood	35	12	4	1	2	16
Huyton (Fairclough Road)	27	1	...	...	1	25
Ince	72	14	3	4	9	42
Kearsley	37	7	5	9	6	10
Kirkby	49	...	...	...	1	48
Kirkham	12	2	...	...	2	8
Leigh (Stone House)	87	13	10	...	4	60
Litherland (Sefton Avenue)... ..	46	7	6	3	4	26
Littleborough... ..	20	...	...	20	...	...
Lytham St. Annes (Bath Street)	21	3	1	6	...	11

CLINIC.	No. attending for treatment.	Discharged cured.	Discharged improved.	Treatment suspended.	Ceased attendance.	Still attending.
Lytham St. Annes (Public Offices)...	17	4	...	1	2	10
Maghull	11	...	...	...	...	11
Middleton (Durnford Street)	73	13	5	6	5	44
Nelson (Carr Road)	46	9	4	2	2	29
Ormskirk	41	12	3	1	3	22
Preston	63	14	7	1	5	36
Rawtenstall (Kay Street)	28	4	2	1	3	18
Stretford (Old Trafford)	17	5	1	2	2	7
Stretford (Mitford Street)	40	8	2	7	6	17
Stretford (Lostock)	39	9	1	5	4	20
Swinton (Victoria Park)	17	...	...	...	4	13
Thornton Cleveleys	33	8	4	1	1	19
Whitefield	63	15	9	9	9	21
Whitworth	15	...	...	15	...	...
Widnes (Kingsway)	37	1	...	...	...	36
Winwick	5	...	...	...	...	5
Total	1,590	258	104	174	124	930

In addition 62 physically handicapped pupils attending the Bleasdale House, Kepplewrays, Sedgwick House and Singleton Hall Residential Special Schools received treatment for defects of speech from one of the Committee's speech therapists.

EDUCATIONALLY SUBNORMAL PUPILS.

During the year 518 pupils were found, on examination, to be educationally sub-normal and to require education in special schools. This work is mainly the responsibility of the school medical officers, who must be approved for the purpose by the Ministry of Education. Some are assisted by the educational psychologists who work in the child guidance clinics and occasionally when a decision is very difficult the child is referred to one of the psychiatrists in the service. The names are finally handed on to the education department.

INEDUCABLE CHILDREN.

An important duty of school medical officers, and often one of the most difficult, is to decide which children are to be regarded as ineducable, that is to say, incapable of receiving education at any kind of school and, who are, therefore, the responsibility of the local health authority. The line of demarcation between educability and ineducability is, in large measure, an arbitrary one, consequently it tends to become somewhat wide and ill-defined. For this reason it is not surprising that parents sometimes find difficulty in accepting the decision that their child is unsuitable for school and must be trained in other ways. Much time may be spent in explaining to parents the full position and this is as it should be for the decision is, of course, a very important one for the child and for them. Most parents accept the position when they realise that all that is being attempted is an assessment of what will be the most appropriate treatment for the child. It is rarely necessary for the parents to refer the matter, as they may if they desire, to the Minister of Education, for a final opinion, though this is sometimes the only course if progress is to be made in making suitable arrangements.

During the year 179 children were found to be ineducable and in regard to 42 children during their last year at school it was considered that they might be in need of supervision after leaving school,

ANNUAL REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER, 1956.

The Principal Dental Officer, Mr. L. B. Corner, reports as follows :—

Staff.

At the 31st December, 1956, additional sessions equating slightly more than the equivalent of two officers had become available to the dental service, this despite the fact that during the year the number of part-time officers had been reduced by eight. An analysis of this reduction in part-time staff showed that four resigned due to increased pressure in their practices, two transferred from part-time to full-time service, one retired from practice and one died.

The recruitment of full-time officers proved extremely disappointing throughout the year, a state of affairs which obtained in almost every other local authority dental service in the country. The dental staff situation in some parts of the country was indeed much worse than in the Administrative County in 1956, and so far as may reasonably be foreseen, the employment of part-time dental officers will be not only desirable but essential to continue the Service. In the past nine years the difficulties in many areas might well have proved insurmountable had it not been for part-time officers supplementing the work of full-time officers who remained in the Service.

It would seem that the time is now due for some national arrangement to be made which would not only give some degree of permanency to part-time appointments but would co-relate conditions as between general and local government practice, thus ensuring a much needed stability in the latter.

One of the most unfortunate features in present-day operation of the priority dental services administered by local authorities is that many authorities, no matter how anxious they may be to carry out their obligations, are unable to perform their statutory duty because of the difficulty in obtaining dental officers.

Clinics.

The Committee approved the expenditure of some £15,000 to raise the standard of equipment in the dental clinics and arrangements to fulfil the plan were well in hand during the year. The installation of X-ray units, replacement of chairs, engines and spittoons was proceeded with systematically.

New dental clinics were opened during the year at Little Hulton, Maghull, Middleton (Langley) and Golborne, bringing the total of clinics in operation, in 1956, to 82 as compared with 78 in 1955.

Dental Inspection.

Dental inspection of pupils in schools forms the basis upon which the dental service is built. Ideally it provides an opportunity for calling the attention of large numbers of children to the need for dental care before pain and sepsis supervene. Dental inspection has, however, several other important functions, such as the giving of individual and collective advice and talks on oral hygiene and the benefits to be derived from care of the teeth and mouth, the detection of faults, both of condition and arrangement, at an early stage, along with assistance to the child, and parents, in matters of treatment, diet, and the many allied subjects having their origin in dental care. Dental inspection in schools, often the subject of much controversy, is a most important factor in securing the maximum number of treatment courses for children to be carried out in local authority clinics, and to some extent in general dental service also. The unavoidable time lag in school inspections is another undesirable and unfortunate aspect of staff shortage. Frequently, the dental inspection in a school is the only intimation numbers of parents receive that a child should visit a dental surgeon. The original purpose of the Local Authority Dental Services was educative and preventive as well as curative, and dental inspection in school plays no small part in keeping the original purpose alive.

Dental inspections carried out in the Administrative County this year amounted to 124,524 routinely examined in school and 32,872 as specials, a total of 157,396 for the year. The table below shows comparative inspection figures since the year immediately before, and those subsequent to, the inception of the National Health Service Act in 1948.

1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
146,525	147,857	120,300	115,551	109,381	122,682	127,660	145,304	137,079	157,396

Dental Health Education.

In addition to the routine talks and individual chairside instruction in dental care and oral hygiene given by the dental officers, courses of instruction have been given to health visitors again this year. The value of the former lies in the fact that the patient receives his or her instruction first-hand from the dental surgeon and, in the latter, that the health visitor can reinforce the instruction as a follow-up in direct contact with the patient at home.

The field of dental health instruction was extended this year and a link was established with the nursery school matrons and deputies through the Further Education Department. For the first time dental lectures were given as part of the annual refresher course held for matrons and deputies.

The itinerant display of health topics operated by the Health Education Section included a dental health exhibit and full use was made at all lectures and talks of the department's film and strip projectors and literature as aids in the furtherance of dental health education.

The universal shortage of dental personnel makes it imperative to bring before patients all possible means of preventing dental decay, though of course dental health education must be supplemented by treatment at regular intervals if the maximum effect is to be gained.

Treatment.

Reference to the table below will show that there was once again an increase in the number of fillings this year, the total being 56,827, an increase of some 5,969 fillings over last year.

Extractions at the same time declined from 99,793 in 1955 to 93,979 in 1956. The largest fall was, however, in the number of temporary teeth extracted and there was in fact a rise in the number of permanent teeth extracted due to caries. The latter is again partly a reflection of the effect of longer periods between courses of treatment. Another feature in the annual return of treatment is an increase in attendances at the clinics from 122,388 in 1955 to 127,443 in 1956. The increase of fillings in permanent teeth and the attendances, etc., shown over the years in the table was, of course, to be expected as the staff expanded, but it is nevertheless a good indication of the improved trend towards preservation of the teeth.

The following table indicates that the general trend of treatment improved, and if the returns of treatment per 100 patients for 1951 be compared with that for 1956 it will be seen that whereas 47·9 fillings were inserted per 100 patients in 1951, in 1956 87·83 fillings were inserted for the same number of patients.

Year.	Attendances.	Permanent Teeth.		General Anaesthetics.	Other Operations.	Appliances.
		Fillings.	Extractions.			
1951 ...	163	47·90	34·08	65	38	0·51
1952 ...	178	60·18	33·97	64	43	0·65
1953 ...	192	68·47	38·31	64	47	0·92
1954 ...	205	72·14	41·43	68	48	1·02
1955 ...	214	80·29	42·92	68	49	1·21
1956 ...	225	87·83	46·72	65	49	1·50

The gross acceptance rate showed a decline this year to an overall 57·47 per cent. but this was to some extent due to the very sharp rise in the number offered treatment following the increase in numbers of children inspected this year. There was also a decline of some 2,000 in the number of general anaesthetics administered during the year.

Some 507 dentures were supplied during the year, but these were largely one or two tooth dentures, the need resulting from loss of, usually, anterior teeth due to accidents and other causes. This figure also includes dentures replaced on account of growth, damage, etc.

Whilst Orthodontics as a specialised subject is dealt with later in this report it is of interest to note, at this point, that 1,900 individual cases of irregularity were treated at routine clinics and 848 appliances were fitted.

Evening Sessions.

During the year evening sessions were commenced at :—

Litherland.—9th January, 1956,
 Little Hulton.—9th May, 1956,
 Waterloo.—1st October, 1956,
 Crompton.—19th November, 1956,
 Chadderton.—22nd November, 1956,

bringing the number of clinics at which evening sessions were held to six. The reports on these sessions are satisfactory, and it is gratifying to know that this additional service is appreciated by patients who have been able to attend more easily in the evenings. In some clinics attendances of expectant and nursing mothers are supplemented by older school pupils. As has been said before, such sessions are voluntary and the nature of the work carried out is mainly fillings and prosthetics. Dental officers undertaking these sessions find that the absence of interruptions to which they are subject during the day make for more efficient operation.

Orthodontics.

The year was one showing improvement in this branch of the Service offered to the school children.

Arrangements were completed for the installation of X-ray machines in the four major orthodontic clinics at present established in the County. Dark rooms have been completely equipped at all but one of these clinics.

Mr. Rowe, specialist orthodontist at Preston and Failsworth clinics reports on an increase in the numbers of new patients accepted and refers to the fact that the waiting list for 1955 was cleared during the year and patients were being accepted for treatment from the 1956 list.

Mr. Rowe also records appreciation of the adequate facilities now installed for the development of X-ray films at Failsworth Clinic.

Mr. Hodgkins, specialist orthodontist at Blackburn clinic reports a successful year of operation and refers to the new statistical returns as giving a comprehensive report. Referring to unkept appointments which are recorded in respect of each clinic, Mr. Hodgkins very properly points out that many such appointments might be referred to more accurately as "deferred" due to various causes such as examinations, illnesses and other factors.

Mr. Hodgkins reports a waiting time of about 12 months, and comments also on the satisfactory work performed by the firm of dental technicians carrying out the construction of appliances.

Mr. J. R. E. Mills, specialist orthodontist at Failsworth also makes reference to the increase in the number of new cases and the number of completed cases. Particular note is made by Mr. Mills of the increase in the number of cases referred by school dental officers for advice prior to their undertaking the treatment, and suggests the need for a further extension of the Service with a clinic between Manchester and Bolton.

Mr. H. Pogrel, specialist orthodontist at Waterloo and Huyton Clinics in his report says, "the position at Huyton has changed considerably during the year, due to the increased number of surgery sessions and the waiting time has been reduced to under 12 months." He also refers to the need for extension of the Service in the Maghull and Ormskirk areas.

Orthodontic Courses.

During the year the Committee gave sanction to the holding of a refresher course at Huyton Clinic by Mr. Pogrel, L.D.S., D.ORTH.R.C.S. The subject was "Treatment Planning and Simple Orthodontics." The original intention was to operate one course in three hour sessions on Saturday mornings over a period of six weeks. It is pleasant to be able to report that owing to the response of the dental officers, Mr. Pogrel was obliged to hold two courses which extended over a period of 12 weeks, and at the end of the courses there was a call for further lectures to be arranged.

The great value of such courses lies in the stimulation of interest, the bringing forward of problems for general discussion, the widening of knowledge, and an extension of the technical horizon which is so apt to become restricted.

The advantage to the Authority is, apart from the added interest of staff members, an increase in efficiency achieved with economy of both time and money in so far as dental officers are not absent for prolonged periods while undertaking such courses. The advantage to the patient lies in the fact that new viewpoints on treatment are introduced to the dental surgeon, and treatment is undertaken with greater confidence as a result of teaching. It is hoped that the success of the orthodontic courses may be extended to other fields.

The work of the Specialist Orthodontists is tabulated as follows :—

Orthodontic Treatment During 1956.

Clinic.	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Blackburn	96	639	120	42	35	29	2	7	65	10	71	12
Failsforth (A)	188	1,324	165	77	34	60	9	43	96	71	194	37
Failsforth (B)	173	1,054	142	64	38	31	6	26	71	37	131	25
Huyton	211	1,491	136	94	9	70	8	85	196	133	187	32
Preston	97	673	83	28	15	18	2	13	48	34	60	13
Waterloo	51	392	47	22	2	31	1	22	41	25	56	19
Total	816	5,573	693	327	133	239	28	196	517	310	699	138

- 1.—Number of treatment sessions held.
- 2.—Total attendances made by patients.
- 3.—Cases carried forward from previous year.
- 4.—Individual new cases who have commenced treatment during the year.
- 5.—Individual new cases who have attended during the year for inspection, adjustment, etc. only.
- 6.—Cases completed treatment during the year.
- 7.—Cases discontinued during the year.
- 8.—Individual new cases (shown in heading (4)) who have been fitted with appliances during the year.
- 9.—Total number of removable appliances fitted during the year (including cases from heading (3)).
- 10.—Total number of fixed appliances fitted during the year (including cases from heading (3)).
- 11.—Number of unkept appointments.
- 12.—Individual cases where treatment is to be carried out by dental officers referred for diagnosis/treatment planning and advice during the year.

The following table shows the work done at the Failsforth Orthodontic Clinic in 1947, the first year of this Service. When this is viewed in the light of the above it will be seen how much progress has been made.

New Cases.	Attendances.	Completed Cases.	New Appliances.
113	182	14	38

Maternity and Child Welfare.

As is customary each year, for the information of the Committee, the returns of dental treatment under Section 22 of the National Health Service Act, 1946, is set out below, the treatment given is in addition to that set out in the Table of Treatment on pages 58–59 :—

EXPECTANT AND NURSING MOTHERS.

Inspected.	Treated.	Attendances.	Fillings.	Extractions.	General Anaesthetics.	Dentures.			Other Operations.
						Full.	Partial.	Repairs.	
*3,449	2,385	7,787	1,594	7,849	1,194	691	361	33	3,716

* These figures include treatment at Evening Sessions.

PRE-SCHOOL CHILDREN.

Inspected.	Treated.	Attendances.	Fillings.	Extractions.	General Anaesthetics.	Other Operations.
3,471	2,994	5,593	1,778	3,777	1,679	2,215

As in the case of school children intensification of dental treatment is bound up with an adequate staff and until the latter is achieved there will be difficulties in the way of providing comprehensive dental benefits in the Public Dental Service as a whole.

Acknowledgments are again made to all those who have given of their time, their help, and encouragement, towards the accomplishment of another year of Dental Service in the County.

The table on the following pages shows attendances made at individual clinics :—

NAME OF CLINIC.	MINOR AILMENTS.		DENTAL.			ORTHODONTIC.	OPHTHALMIC.		ORTHOPTIC.		EAR, NOSE AND THROAT.		ORTHO-PÆDIC.		ARTIFICIAL LIGHT.		SPEECH THERAPY.		CHIROPODY.		CHILD GUIDANCE.	
	(a)	(b)	(a)	(b)	(c)	(a)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
Accrington	1850	379	2100	114	33	...	816	7	...	...	...	...	...	...	1065	279	524	...	209	4	...	...
Ashton-under-Lyne, Richmond House	...	...	...	...	...	...	...	...	...	...	...	...	...	...	713	1532	251	3	...	...	...	...
Ashton-under-Lyne, Water Street	3969	6	3421	49	41	...	1644	110	...	...	72	2	1608	294	...	...	...	...	769	4	...	...
Ashton-in-Makerfield	799	4	1363	13	58	...	621	44	...	...	...	...	...	...	...	...	138	...	...	...	...	...
Aspull	120	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Atherton	1093	13	1137	46	137	...	441	6	...	...	...	...	...	...	421	585	...	...	...	...	...	...
Audenshaw...	1032	10	1458	65	58	...	534	44	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bacup	3212	57	1612	28	12	...	474	34	...	...	...	...	...	...	...	...	...	...	309	...	...	...
Bamber Bridge	306	11	1294	47	27	...	526	21	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Banks	...	...	170	...	...	...	...	...	...	...	...	...	...	...	...	...	175	20	...	...	...	...
Blackburn (Lord Street)	...	...	230	...	...	639	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bromley Cross	668	1	546	23	14	...	306	16	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Carnforth	190	...	986	134	155	...	162	13	...	...	...	...	540	192	248	157	...	...	363	...	...	...
Chadderton, Central	246	3	...	...	...	...	410	39	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chadderton, Eaves Lane	229	4	2433	87	100	...	...	...	...	...	...	...	...	...	1001	154	1261	49	...	...	...	...
Chorley, St. Thomas's Square	...	...	...	...	...	...	...	...	109	21	...	...	...	...	...	...	...	...	...	...	...	...
Chorley, St. Thomas's Road	2614	8	3373	93	40	...	743	52	...	...	...	...	...	...	...	...	...	...	133	2	...	...
Clitheroe, Eshton Terrace	228	25	1301	17	13	...	152	49	...	...	41	12	...	...	...	...	...	...	...	...	...	...
Colne	5466	10	2110	126	155	...	860	59	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Crompton	663	6	1107	31	97	...	216	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Crosby, Alexandra Hall	434	46	2102	45	121	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Crosby, Prince Street	4940	335	2550	61	140	...	1767	236	...	862	570	58	1830	382	441	253	408	44	...	...	...	...
Crosby, Seaforth	310	29	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dalton-in-Furness	1054	55	1312	53	321	...	199	13	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Darwen	863	15	1413	38	80	...	286	49	...	...	99	54	400	147	362	366	810	37	707	4	...	...
Davyhulme, Urmston	1004	...	1563	...	...	...	322	42	...	...	...	...	...	...	732	909	160	1	416	17	...	...
Denton	3206	82	...	...	...	...	...	...	...	...	...	...	...	...	...	...	188	...	...	...	...	...
Droylsden	1581	13	3751	155	200	...	412	30	...	...	...	...	...	...	...	...	136	...	...	...	...	...
Earlestown, Newton-le-Willows	887	3	937	18	97	...	481	31	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Eccles, Green Lane	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Eccles, Hyde Lodge	4510	89	2271	26	...	...	282	36	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Failssworth	376	1	1470	75	89	2378	636	22	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Farnworth	7703	406	3174	194	272	...	731	37	...	...	...	...	...	...	...	...	...	...	904	4	...	...
Fleetwood	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fleetwood	597	3	2314	40	115	...	316	34	...	...	...	...	304	97	...	...	569	12	...	...	...	...
Formby	415	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fulwood	48	3	...	...	...	...	35	29	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Golborne	51	...	164	9	8	...	...	...	...	...	...	...	...	...	...	...	74	...	...	...	...	...
Haslingden	3052	6	1682	5	61	...	358	74	...	...	...	...	...	...	623	98	...	...	...	...	...	...

(a) Pupils in Attendance at School ; (b) Pre-School Children ; (c) Nursing and Expectant Mothers.

NAME OF CLINIC.	MINOR AILMENTS.		DENTAL.			ORTHODONTIC.	OPHTHALMIC.		ORTHOPTIC.		EAR, NOSE AND THROAT.		ORTHO-PÆDIC.		ARTIFICIAL LIGHT.		SPEECH THERAPY.		CHIROPODY.		CHILD GUIDANCE.	
	(a)	(b)	(a)	(b)	(c)	(a)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
Haydock	377	1	593	29	30	...	373	18	...	...	...	...	410	211	...	...	41	...	...	...	...	...
Heywood	2143	94	2975	139	591	...	371	93	...	...	...	...	342	198	...	6	402	...	...	...	...	...
Hindley	1659	6	1230	30	88	...	356	24	...	...	...	...	253	24	...	411	...	...	15	...	...	...
Horwich	1301	108	1242	84	47	...	847	84	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Huyton, Derby Road	1363	12	3583	322	664	...	634	6	...	...	...	...	...	...	...	...	286	...	...	...	...	...
Huyton, Fairclough Road	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Huyton, Twig Lane	6169	59	...	...	...	1491	...	...	...	...	...	...	...	...	...	...	1037	67	...	...	486	...
Ince	1437	2	1168	14	44	...	267	29	...	...	...	...	472	47	...	...	...	...	...	...	...	...
Irlam	325	4	478	19	...	...	335	22	...	...	...	...	170	33	...	...	235	30	...	...	...	...
Kearsley	978	10	953	44	157	...	448	32	...	...	...	...	...	...	...	...	349	5	...	...	...	...
Kirkby, Southdene	4427	30	2016	32	539	...	...	...	...	...	...	...	...	...	...	...	114	...	...	...	...	...
Kirkham	973	28	596	100	61	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lancaster, Thurnham House	1154	7	3167	114	33	...	506	6	...	...	...	...	621	133	...	...	...	...	...	...	...	...
Lancaster, Ryelands House	971	46	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leigh, Stone House	1815	...	2241	3	...	...	623	39	248	38	...	...	...	...	500	...	954	9	424	...	...	...
Leigh, Westleigh Lane	62	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leigh, Nangreaves Street	58	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leigh, Boundary Street	228	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leyland	221	27	1403	22	20	...	551	19	...	...	...	...	249	165	106	69	...	...	...	...	...	...
Litherland, Linacre Road	1251	14	1622	35	243	...	383	12	...	...	...	...	...	...	...	...	...	10	...	...	...	...
Litherland, Sefton Avenue	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	466	...	...	...	...	...
Littleborough	480	...	883	22	27	...	220	...	...	...	...	...	915	360	...	227	...	155	...	...	...	...
Little Hulton	...	...	1232	230	215	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Longridge	349	19	923	40	13	...	257	20	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lytham, Bath Street	309	...	507	47	2	...	...	...	...	...	...	...	183	39	...	...	346	6	...	...	...	...
Lytham, St. Annes	386	...	749	60	...	...	397	51	...	...	39	11	...	...	...	...	303	2	...	...	...	...
Maghull	309	12	608	1	2	...	...	...	...	...	...	...	...	...	...	...	101	...	...	...	...	...
Middleton, Durnford Street	2389	...	2220	38	2	...	555	70	...	...	...	...	778	623	30	35	681	8	...	...	...	...
Middleton, Langley	403	2	320	4	1	...	111	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Milnrow	709	...	1242	39	30	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Morecambe, Euston Road	1727	...	1589	...	...	...	178	...	...	...	40	...	794	40	...	...	...	...	526	17	...	...
Morecambe, St. James Hall	258	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mossley	1446	19	531	18	...	...	251	18	...	...	...	...	...	...	736	794	...	...	496	2	...	...
Nelson, Carr Road	2637	58	1129	...	...	...	1113	120	...	...	72	47	587	225	...	...	1113	...	...	...	...	...
Nelson, Manchester Road	622	1	279	...	...	...	209	29	1761	192	...	...	...	...	...	...	...	...	...	...	...	...
Ormskirk	832	41	1013	7	191	...	...	...	...	...	...	...	718	183	...	...	457	6	...	...	...	...
Orrell	311	...	1120	15	46	...	594	69	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Oswaldtwistle	700	22	1075	37	12	...	142	40	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Padham	1358	3	1091	...	9	...	290	41	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Poulton-le-Fylde	1139	79	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Prescot	834	8	2196	193	556	...	251	14	...	...	...	...	603	127	...	...	...	...	...	...	...	...
Preston (Spring Bank)	...	...	1225	11	...	673	...	...	...	...	...	...	...	...	...	...	936	3	...	...	623	...

(a) Pupils in Attendance at School; (b) Pre-School Children; (c) Nursing and Expectant Mothers.

NAME OF CLINIC.	MINOR AILMENTS.		DENTAL.			ORTHODONTIC.	OPHTHALMIC.		ORTHOPHTHIC.		EAR, NOSE AND THROAT.		ORTHO-PÆDIC.		ARTIFICIAL LIGHT.		SPEECH THERAPY.		CHIROPODY.		CHILD GUIDANCE.	
	(a)	(b)	(a)	(b)	(c)	(a)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
Prestwich	674	10	...	...	...	...	582	77	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Radcliffe	3954	70	1179	...	...	...	335	61	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rainford	66	4	228	6	62	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ramsbottom	1081	35	1005	24	43	...	349	47	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rawtenstall, Kay Street	...	...	...	...	...	...	339	77	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rawtenstall, Bacup Road	1094	5	2354	61	163	...	224	20	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rishton	258	127	2074	...	1	...	377	69	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rochdale (Smith Street)	...	...	...	...	...	...	217	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Royton	785	1	914	15	65	...	282	15	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Standish	187	...	1205	43	74	...	540	102	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Stretford, Old Trafford	2055	95	2753	151	89	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Stretford, Mitford Street	1117	135	3748	1054	60	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Stretford, Trafford Park	108	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Stretford, Lostock	912	140	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Swinton, Folly Lane	...	...	1134	6	38	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Swinton, Victoria Park	2536	24	1913	13	64	...	472	30	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Thornton Cleveleys	572	...	2612	191	160	...	299	24	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tottington	399	39	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tyldesley	953	5	1003	13	6	...	669	28	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ulverston	778	...	1589	78	333	...	331	54	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Walkden	498	11	1293	55	58	...	522	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Westhoughton	905	15	603	18	43	...	1034	31	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whitefield	832	143	2938	239	122	...	388	42	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whitworth	980	...	484	8	16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Widnes, Kingsway	8511	138	5210	277	316	...	549	15	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Widnes, Millbrow	1753	85	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Winwick	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mobile Unit	...	...	613	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	128834	3422	127443	5593	7787	5573	31521	2690	5762	948	1407	218	17970	5331	9088	5807	18325	691	7287	95	2074	...

(a) Pupils in Attendance at School; (b) Pre-School Children; (c) Nursing and Expectant Mothers.

APPENDIX.

STATISTICAL TABLES IN RESPECT OF THE PERIODIC MEDICAL
INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY
AND SECONDARY SCHOOLS DURING THE YEAR ENDED 31ST
DECEMBER, 1956.

Table 1.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A.—Periodic Medical Inspections.

Number of Schools in which Periodic Medical Inspection was completed	...	...	...	...	...	...	...	1,019
Number of Inspections in the prescribed Groups—								
Entrants	...	...	...	...	...	...	...	32,161
Second Age Group		...	...	...	...	...	...	26,919
Leavers	...	...	...	...	...	...	...	20,264
Total								79,344
Additional Periodic Inspections	...	...	...	...	...	...	...	1,425
Grand Total								80,769
Number of Parents present	...	...	...	...	...	...	...	32,021

B.—Other Inspections.

Number of Special Inspections	...	...	...	...	...	38,060
Number of Re-inspections	...	...	...	...	...	46,994
Total	...	...	...	...	...	85,054
Number of Parents present	...	...	...	...	...	20,701

C.—Pupils Found to Require Treatment.

NUMBER OF *Individual Pupils* FOUND AT *Periodic* MEDICAL INSPECTION TO REQUIRE TREATMENT
(EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).

Group.	For Defective Vision (excluding squint).	For any of the other conditions recorded in Table 3.	Total (Individual pupils).
Entrants	352	3,528	3,760
Second Age Group	1,494	2,188	3,517
Leavers	1,157	1,315	2,359
TOTAL	3,003	7,031	9,636
Additional Periodic Inspections	70	138	202
GRAND TOTAL	3,073	7,169	9,838

*D.—CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED IN THE
AGE GROUPS RECORDED IN TABLE 1A.*

Age-Groups.	Number of Pupils Inspected.	Satisfactory.		Unsatisfactory.	
		No.	%	No.	%
Entrants	32,161	31,356	97·49	805	2·51
Second Age-Group	26,919	26,276	97·61	643	2·39
Leavers	20,264	19,870	98·05	394	1·95
Additional Periodic Inspections	1,425	1,371	96·20	54	3·80
TOTAL	80,769	78,873	97·65	1,896	2·35

Table 2.

INFESTATION WITH VERMIN.

Total number of visits paid to schools by the school nurses	...	...	12,195
Average number of visits per school made during the year by the school nurses	...	...	9.5
Total number of examinations in the schools by the school nurses	...	...	599,651
Total number of individual pupils found to be infested	...	...	13,804

Table 3

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31ST DECEMBER, 1956.

Periodic Inspections.

Special Inspections.

Number of Pupils examined ... 80,769 ... 38,060

Disease or Defect.				Periodic Inspections.										Special Inspections.		
				Entrants.		2nd Age Group.		Leavers.		Additional Periodic.		Total.				
				T	O	T	O	T	O	T	O	T	O	T	O	T	O
Skin	...	...	...	313	589	337	363	312	313	25	24	987	1,289	3,443	162
Eyes—																
Vision	...	...	...	352	517	1,491	2,088	1,160	1,505	70	71	3,073	4,181	1,477	733
Squint	...	...	...	337	570	136	276	34	59	13	27	520	932	207	150
Other	...	...	...	106	137	101	116	45	71	5	5	257	329	859	113
Ears—																
Hearing	...	...	...	91	313	88	183	46	85	...	12	225	593	340	224
Otitis Media	...	...	...	77	252	45	130	23	45	3	4	148	431	211	52
Other	...	...	...	77	174	86	115	50	82	7	6	220	377	598	76
Nose and Throat	...	...	...	872	3,851	280	1,398	112	491	27	94	1,291	5,834	1,587	760
Speech	...	...	...	185	572	47	141	22	59	10	12	264	784	561	215
Lymphatic Glands...	...	...	...	44	1,826	21	525	10	221	...	23	75	2,595	123	254
Heart	...	...	...	45	452	13	374	11	258	2	12	71	1,096	74	246
Lungs	...	...	...	175	1,005	65	408	23	187	14	49	277	1,649	286	271
Developmental—																
Hernia	...	...	...	25	146	12	55	1	8	...	...	38	209	5	15
Other	...	...	...	37	427	45	309	13	95	...	11	95	842	124	76
Orthopaedic—																
Posture	...	...	...	82	322	139	370	58	215	2	8	281	915	99	58
Feet	...	...	...	521	805	352	607	221	264	4	15	1,098	1,691	405	195
Other	...	...	...	417	909	243	528	182	337	19	51	861	1,825	850	317
Nervous System—																
Epilepsy	...	...	...	7	29	8	18	5	15	5	2	25	64	18	33
Other	...	...	...	25	141	21	94	5	25	1	9	52	269	111	82
Psychological—																
Development	...	...	...	13	142	18	96	6	36	4	31	41	305	171	126
Stability	...	...	...	45	266	26	173	3	32	4	6	78	477	147	164
Abdomen	...	...	...	11	49	5	35	4	27	...	3	20	114	47	22
Other	...	...	...	407	672	275	450	222	230	21	17	925	1,369	5,272	1,218
Total				...	4,264	14,166	3,854	8,852	2,568	4,660	236	492	10,922	28,170	17,015	5,562

Table 4.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS) DURING THE YEAR ENDED 31ST DECEMBER, 1956.

Group I.—Eye Diseases, Defective Vision and Squint.

							Number of cases dealt with by the Authority.		Number of cases dealt with otherwise.
External and other, excluding errors of refraction and squint	...	...	...	...	...	...	2,097	...	96
Errors of refraction (including squint)	...	...	...	...	...	...	20,353*	...	761
Total	...	...	...	...	...	...	22,450	...	857
Number of pupils for whom spectacles were—									
Prescribed	...	...	...	...	...	...	11,255*	...	470

Group II.—Diseases and Defects of Ear, Nose and Throat.

							Number of cases treated by the Authority.		Number of cases treated otherwise.
Received operative treatment—									
(a) for diseases of the ear	...	...	...	...	...	...	—	...	122
(b) for adenoids and chronic tonsillitis	...	...	...	...	...	...	—	...	3,091
(c) for other nose and throat conditions	...	...	...	...	...	...	—	...	271
Received other forms of treatment	...	...	...	...	...	...	3,052	...	554
Total	...	...	...	...	...	...	3,052	...	4,038
Total Number of Pupils in Schools who are known to have been provided with hearing aids—									
(a) in 1956	...	...	...	...	...	...	16	...	11
(b) in previous years	...	...	...	...	...	...	37	...	37

Group III.—Orthopaedic and Postural Defects.

							Number of cases treated by the Authority.		Number of cases treated otherwise.
Number of pupils known to have been treated at clinics or out-patient departments	...	...	...	...	...	...	5,958	...	549

Group IV.—Diseases of the Skin (excluding uncleanliness).

									Number of cases treated or under treatment during the year by the Authority.
Ringworm—									
(i.) Scalp...	...	...	...	...	...	...	...	...	20
(ii.) Body...	...	...	...	...	...	...	...	...	52
Scabies	...	...	...	...	...	...	...	...	105
Impetigo	...	...	...	...	...	...	...	...	1,445
Other skin diseases	...	...	...	...	...	...	...	...	6,048
Total	...	...	...	...	...	...	...	...	7,670

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

Group V.—Child Guidance Treatment.

						Number of cases treated in the Authority's Child Guidance Clinics.
Number of pupils treated at Child Guidance Clinics	...	...	...	...	...	136

Group VI.—Speech Therapy.

						Number of cases treated by the Authority.
Number of pupils treated by Speech Therapists	...	...	...	...	...	1,652

Group VII.—Other Treatment Given.

												Number of cases treated by the Authority.
(a)	Miscellaneous minor ailments	...	...	...	...	...	...	...	...	...	...	20,463
(b)	Other	...	...	...	...	...	...	...	...	...	...	5,815
	Total	...	...	...	...	...	...	...	...	...	...	<hr/>26,278 <hr/>

Table 5.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY DURING THE YEAR
ENDED 31ST DECEMBER, 1956.

(1) Number of Pupils inspected by the Authority's Dental Officers :—

(a) Periodic Age Groups	{	Under 5	...	...	...	...	2,877
		Age 5	...	...	...	...	10,380
		Age 6	...	...	...	...	12,460
		Age 7	...	...	...	...	13,818
		Age 8	...	...	...	...	14,976
		Age 9	...	...	...	...	15,661
		Age 10	...	...	...	...	12,785
		Age 11	...	...	...	...	11,555
		Age 12	...	...	...	...	9,891
		Age 13	...	...	...	...	9,094
		Age 14	...	...	...	...	7,794
		Age 15	...	...	...	...	2,405
		Over 15	...	...	...	...	828
Total		...	...	...	...	...	124,524
(b) Specials	...	...	...	...	...	...	32,872
(c) Total (Periodic and Specials)		...	...	...	...	...	157,396
<hr/>								
(2) Number found to require treatment			...	...	...	...	104,447
(3) Number offered treatment			...	...	...	...	99,265
(4) Number actually treated			...	...	...	...	56,530
(5) Attendances made by pupils for treatment, including those recorded at heading 11 (h) overleaf			...	...	...	...	127,443*
(6) Half-days devoted to			{	Inspection	1,097
				Treatment	18,517
Total (6)		...	...	...	...	...	19,614
<hr/>								
(7) Fillings			{	Permanent teeth	49,655
				Temporary teeth	7,172
Total (7)		...	...	...	...	...	56,827
<hr/>								
(8) Number of teeth filled			{	Permanent Teeth	44,284
				Temporary teeth	6,574
Total (8)		...	...	...	...	...	50,858

* This figure does not include attendances at specialist Orthodontic Clinics.

(9) Extractions	...	...	{ Permanent teeth		...	...	...	26,411
			{ Temporary teeth		...	...	...	67,568
Total (9)	...	...	...	...	...	...	...	93,979
<hr/>								
(10) Administrations of general anæsthetics for extraction	...						...	36,993
(11) ORTHODONTICS.—								
(a) Cases commenced during the year	...	...	...					1,707
(b) Cases carried forward from previous year	...	...						1,213
(c) Cases completed during the year	...	...	...					1,021
(d) Cases discontinued during the year	...	...	...					132
(e) Pupils treated with appliances	...	...	...					1,002
(f) Removable appliances fitted	...	...	...					1,293
(g) Fixed appliances fitted	...	...	...					382
(h) Total attendances	...	...	...					12,359*
(12) Number of Pupils supplied with artificial dentures	...						...	507
(13) Other operations	...	{ Permanent teeth		...	...	...	20,004	
		{ Temporary teeth		...	...	...	7,829	
Total (13)	...	...	...	...	...	...	...	27,833

* This figure includes 5,573 attendances at the specialist Orthodontic Clinics.

Table 6.
HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING HOMES.

<i>In the calendar year ended 31st December, 1956—</i>	Blind.	Partially Sighted.	Deaf.	Partially Deaf.	Delicate.	Physically Handicapped.	Educationally Sub-normal.	Mal-adjusted.	Epileptic.	Total.
Handicapped Pupils—newly placed in Special Schools or Boarding Homes	13	9	26	9	211	28	327	26	15	604
Newly ascertained as requiring education at Special Schools ...	5	6	10	15	267	51	518	20	12	904
<i>On or about 31st January, 1957—</i>										
No. of Handicapped Pupils :—										
(i.) attending Special Schools as—										
(a) Day Pupils ... ..	...	23	10	11	440	71	412	...	1	968
(b) Boarding Pupils	62	31	146	94	197	162	275	39	47	1,053
(ii.) attending independent schools under arrangements made by the Authority ... ..	...	...	...	...	...	2	37	26	...	65
(iii.) boarded in Homes and not already included under (i.) or (ii.) ... ..	...	...	...	...	...	...	...	24	...	24
Total	62	54	156	105	637	235	724	89	48	2,110
No. of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944—										
(i.) in hospitals ... ..	...	...	...	...	...	...	...	...	...	...
(ii.) in other groups (e.g. units for spastics, convalescent homes) ... ..	...	...	...	...	...	...	...	...	...	...
(iii.) at home	2	2	...	...	4	52	9	...	1	70
No. of Handicapped Pupils requiring places in Special Schools—										
(i.) total—										
(a) Day ... ..	...	...	2	2	41	9	352	...	...	406
(b) Boarding	11	11	6	5	28	11	334	12	4	422
Included in above totals are—										
(ii.) children who had not reached the age of 5—										
(a) awaiting day places ... ..	...	...	...	1	...	3	...	...	...	4
(b) awaiting boarding places	7	...	3	...	...	1	...	...	...	11
(iii.) children who had reached the age of 5 but whose parents had refused consent to their admission to a special school—										
(a) awaiting day places ... ..	...	...	...	...	...	...	64	...	...	64
(b) awaiting boarding places ... ..	...	...	1	2	...	1	53	1	2	60

Number of Handicapped Pupils who were on the registers of hospital special schools on or about 31st January, 1957 ... 405

Number of children reported during the year under the Education Act, 1944—

(a) Section 57 (3), excluding any returned under (b)	...	178
(b) Section 57 (3) relying on Section 57 (4)	...	1
(c) Section 57 (5)	...	42

